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DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALLIMORE, MARYLAND 21201		TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Pagaretoined by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral directional by the funeral directional by the funeral directional by the detached for use as the buriol-transit permit. Then please remove carbonappers. Pages I and 2 should be filed within 72 hour with the State Dept. of Health and Mental Hygiene prior to buriol, crematon, or removal.	IMPORTANT: If Hem 21 is marked at Item 18 shaws any injury, or other traumatic event, the medical examiner must be now ded of once.

	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	SIENE 8 2	6 9 6 9
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DA	AY YEAR 25 HOUR P
		George	Edmund	ADAMS	July 12, 198	2 8:43 M
	3 SE.	X	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR OF UNDER 24 HRS
		M	W	MONTH /184/11 YEAR	70 YRS.	MIN.
L		IRTHPLACE STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
9		M.D.	U5A	WIDOWED DIVORCED	Baltimore Cou	nty MD.
1-1	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
1	1	OSSVILLE	FRANKLIN	SR		STEEL
1	13a. S			WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 538 S. MAR	LYN
2	14. FA	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
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		cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF		
		underlying cause last.	(c)			
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 1(a)
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		27b. SIGNATURE	t) view the bady after death.	DEGREE		22c. DAZE SIGNED
		1 11ty	the day m	ATTENDING PHYSICIAN [DIRECTOR PHYSICIAN	7/15/82
		224. PHYSICIAN'S NAME (TYE	OR PRINT)	22e ADDRESS		11.10
	63	Dr. Lyden		AND THE PARTY OF T		
		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
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DHMH-16 50M 1/81 (VRA 15, 4)

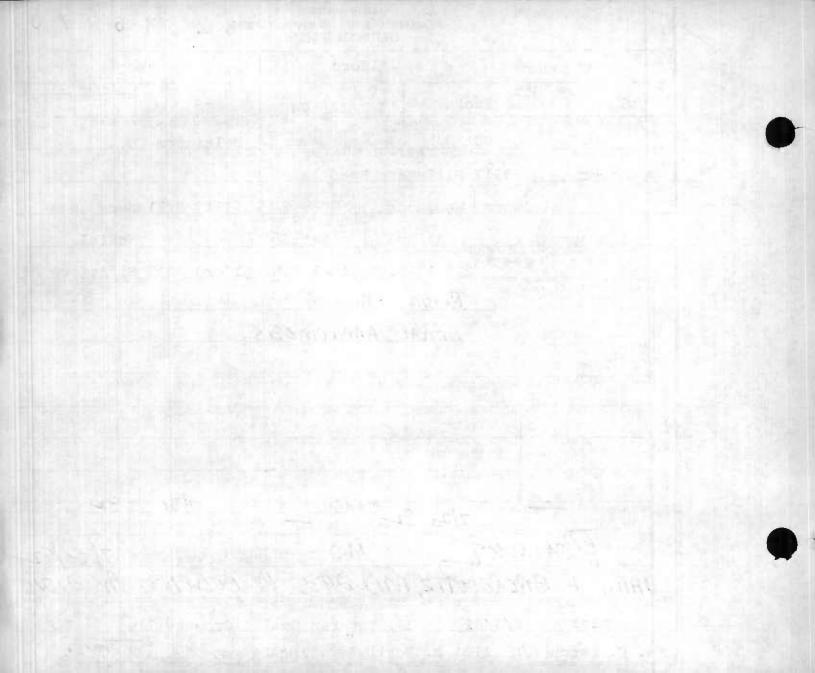
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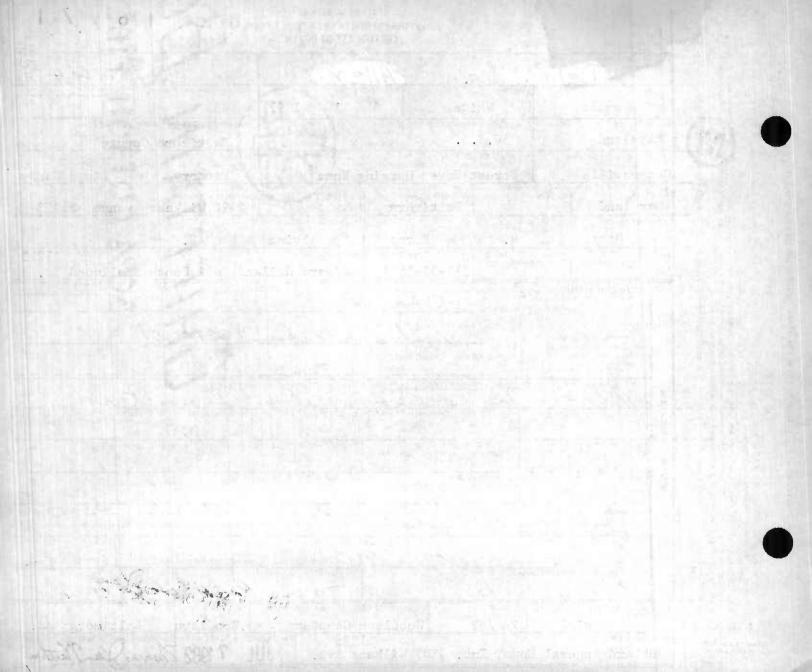
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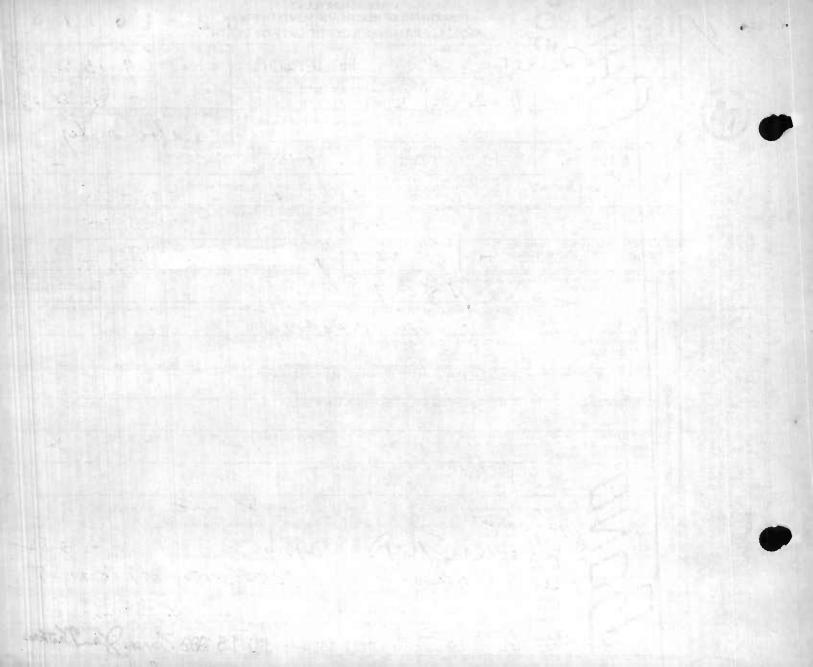


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FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH REG. NO

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DHMH - 16 50M 1/81 (VRA 15, 4)

Burial PA FUNERALDIRECTOR Duda-Ruck Funeral Home of Dundalk, Inc.

23b DATE

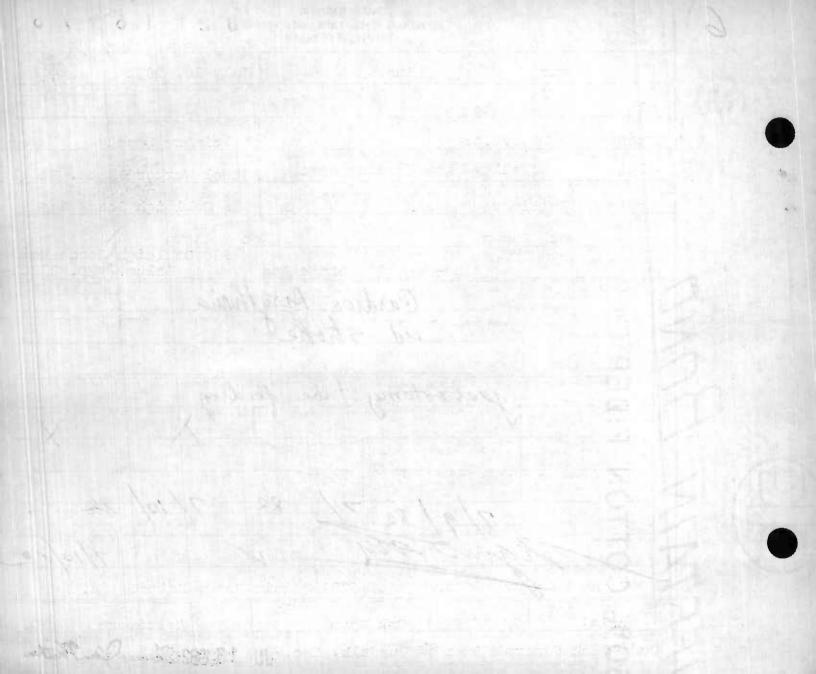
236 BURIAL CREMATION, REMOVAL

Oak Lawn

23s. NAME OF CEMETERY OR CREMATORY

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1005 Dundalk Avenue

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

FOR

REGISTRAR

- STATE

(VRA 15, 4)

Walter Dabrowski

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) HARYEY Rinker BAKER 4 RACE 3. SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS oct. 15, 1889 HOURS Male White TO BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH COUNTRY a. MARRIED NEVER MARRIED U.S.A. Baltimore Co. WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR Baltimore Co. General Hospita (TYPE OF CORK TOTAL TOF WORKING LIFE) Randallstown INDUSTRY Engineer Railroad USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 6970 Marsue Dr. 136 COUNTY Bikesville 136 INSIDE CITY LIMITS? d. Bal 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Ida Brown Baker dicol 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166. SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 705-12-1618 Galinda Spirt Pikesville, Md. No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PANT I CHIEF SECRETE AND CONDITIONS CONTRIBUTING TO DEATH BULDIOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram_ , and that in (my) (aur) apinian death accurred an the date and haur and from the couses stated DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL DIRECTOR | PHYSICIAN 22e ADDRESS OURMOTABBET 230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 236. DATE Burial

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

24. FUNERAL DIRECTOR John T. Williams Funeral Home Brunswick,

Frederick

250 DATE REC'D. BY REGISTRAN

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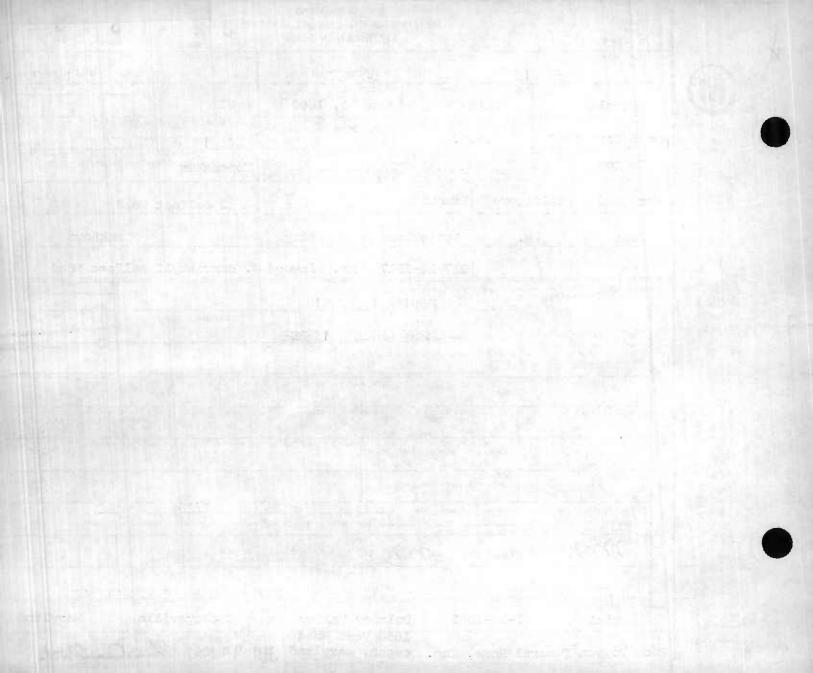
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) ESTI-CHRISTOPHER JOSEPH 0830 DEATH MATED SEX 4. RACE 2d HOUR DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD Male White 20 18 YRS BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland WIDOWED DIVORCED Baltimore County IO. CITY OR TOWN OF DEATH BANGE HOOME ALKSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY Dundalk Peninsula Expressway Bridge Commercial Artist - D.C.C. UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Maryland 7142 Eastbrook Avenue YES [NO S 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST Ball Arnold Popiolek -Frances Η. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO 7142 Eastbrook Avenue (YES, NO, OR UNKNOWN) 217-80-9022 Balto., MD.21224 Frances Ball APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF ying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 21a EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN JEM 18 PART 1 OR PART 2) UNDERLYING 19 87 CONTRIBUTING | CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE AT WORK AT WORK FUNERAL DIRECTOR: 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from: Homicide Undetermined monner Suicide EXAMINER'S NAME J. CROSS AN PAGE A (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION STATE 7/14/1982 Sacred Ht.Of Jesus Burial Dundalk Baltimore 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Duda-Ruck Appeling. DHMH-17 (VR A15 ME (5) 7922 Wise Avenue Dundalk, 15M 2/80

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William E. Johnson 8521 Loch Raven Blvd.

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VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 52

CERTIFICATE OF DEATH

REG. NO

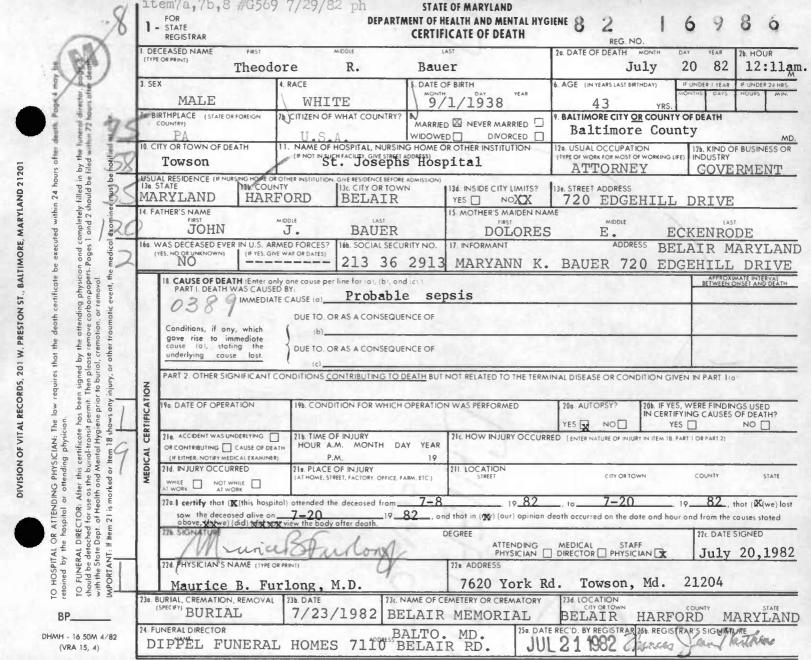
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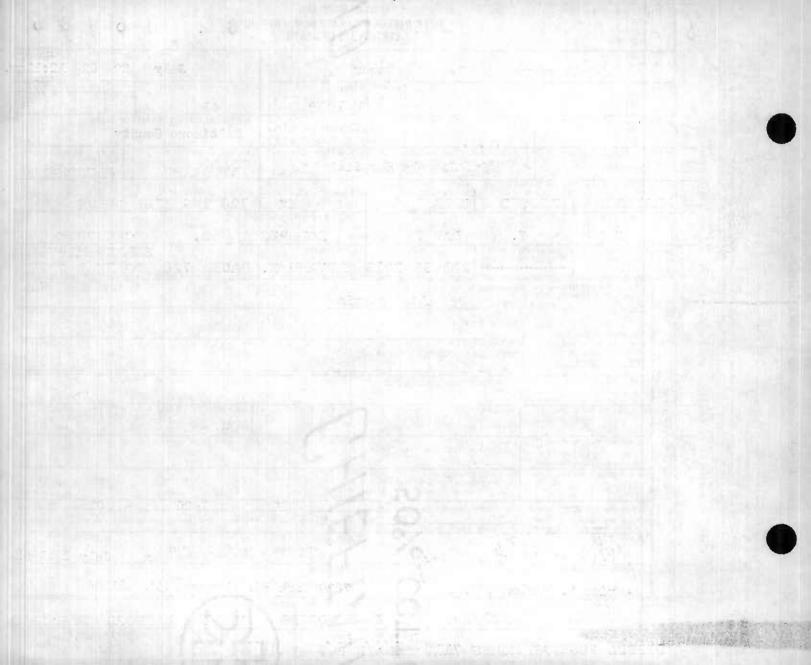
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH DAY (TYPE OR PRINT) OF ESTI-July Albert Basel Anna 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE Jan. 14 1903 PRONOUNCED Female White DEAD 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore, Md. USA Baltimore County DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Bowley's Orts. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Bowlev's Qtrs. Baltimore 3741 Chestnut Rd. YES NO K 21220 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST John Guenther Magdalena Meninger 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO DIVISION (YES, NO, OR UNKNOWN) 212 74 9029 Norbert Basel, Son No Same 18. CAUSE OF DEATH (Enter anly ane cause por line far (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYG IENE IMMEDIATE CAUSE (o mos Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). FICATION 190, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ARBED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT BE BUR 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 PRIOR 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK AT WORK CITY OR TOWN COUNTY STATE 220. I certify that I taak charge af the remains described above, held an Autapsy and in my apinian Inquiry death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner TO MEDICAL EXAMPLES THE CERTIFICATION OF THE CERTIF DATE MEDICAL EXAMINER SIGNED EXAMINER'S NAME J. Crossan O'Donovan. M.D. 1221 Dundalk, Ave. Md. XXX Dundalk. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 736. DAT 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE SPECIAL PIA Baltimore Md. Most Holy Redeemer BP. 256, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5) Old Eastern Ave. 15M 7/77

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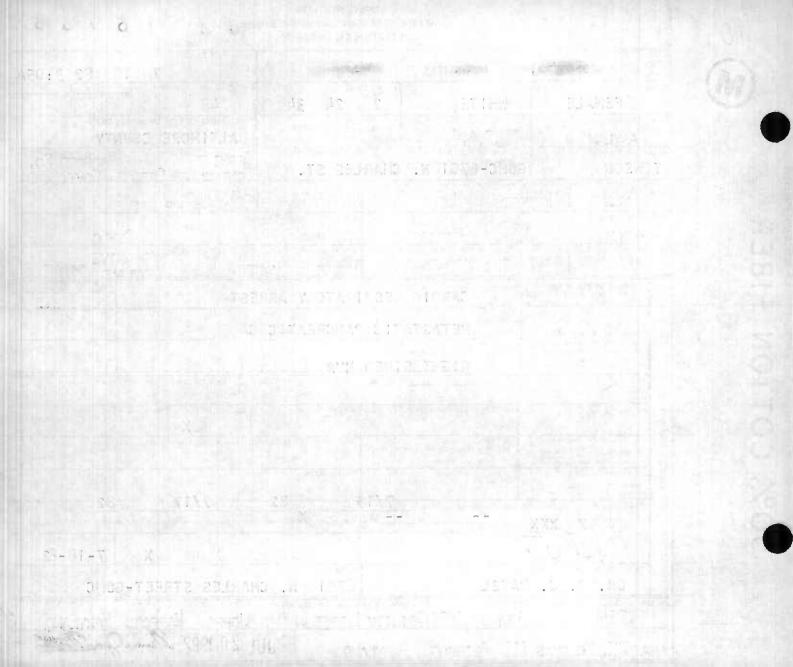




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15/2	Т	OWS ON	GBMC-6701 N.	CHAR L			ASHI ER MOSTO OMTROLLER	F WORKING LIFE)	HARFOI E GOV	RD CO.
Le most	"13a.	STATE NULL COUN	FORD JOPPA)WN	36 INSIDE CITY YES NOTHER'S MA	_	529 ANCHO	R DRIV	E	,
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to buriol, cremotion, a qury, or other troumo	No	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEG	SIDED				DITION GIVE	N IN PART 1(r	al
18 shows ony ir	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION	WAS PERFORME		200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
flem 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR		RY OCCURRED	(ENTER NATURE OF INJUS	LY IN ITEM 18, PAR	RT 1 OR PART 2)	
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MPORTANT: If Item		22d. PHYSICIAN'S NAME (TYPE O	2.		PHY	NDING A	MEDICAL STAF DIRECTOR PHYSIC	F IAN 🗶	7 - 1	8-82
MPORTA		DR. P. J.	PATEL		6701		ARLES ST	REET-	GBMC	
		BURIAL SPEBURIAL			AETERY OR CREA	_	JOPPA H	AREORD	MARY	LAND
2/80		VARD K. McCOMAS			ND	JUE RE	2 0 1982	Mean	SIGN	anther .



- STATE	E STRAR			DEI ARTI		FICATE OF DEATH	REG. N	0.	0 7	0	3
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3 SEX		4.	RACE			OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR		R 24 HRS
Ma.	le		Whit	e	Augu	st 26%, 1907	74	YRS.	MONTHS DAYS	HOURS	MIN.
D. BIRTHPLA	land	OREIGN 71	U.S	.A.	8. MARRIE WIDOWI	DX NEVER MARRIED D	9 BALTIMORE CITY C Baltimor	R COUNT			MD.
Tow			Dul	aney Tows	son N	ursing Home	120 USUAL OCCUPAT		12b. KIND		ESS OR
USUAL RESID 130. STATE Mary		Balt	Y	134 CITY OR TOWN Luthervi	admission)	13d. INSIDE CITY LIMITS?	8 ATS CORES	oad 2	1093		
Frai	FIRST	L.	DDLE	Beitz		Minnie	WE		Yost "	iST	
	CEASED EVER II			166 SOCIAL SECU 212-05-62		Mrs. Margaret	t E. Beitz,		ne as #1	.3e	1
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WHILE AT WORK	JURY OCCURRE	.E	21e. PLACE C	DF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	S	STATE
sov	w the deceased	alive on	Y.22.			nd that in (my) (opinion c			our and from the		oted
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	Keith M		n, 11)	Mar	- lay.	1818 Pot S	Springs Road	i .			

DHMH - 16 50M 1/81 (VRA 15, 4)

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MPORTANT: If Item 21 is

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23c. NAME OF CEMETERY OR CREMATORY Dulaney ValleyMem. Gdms

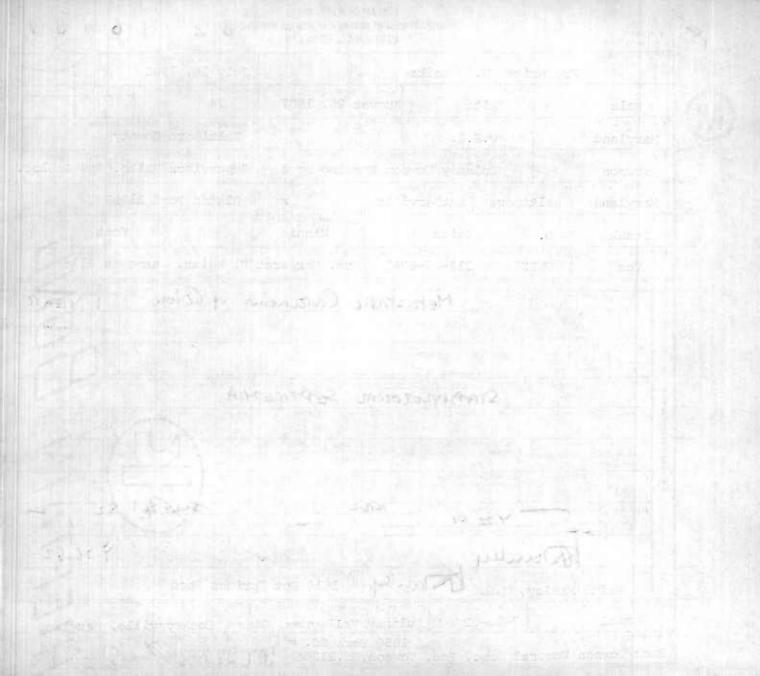
STATE

230. BURIAL, CREMATION, REMOVAL

23d LOCATION
CHYOR TOWN
SHAIL
TS Cockeysville, Maryland

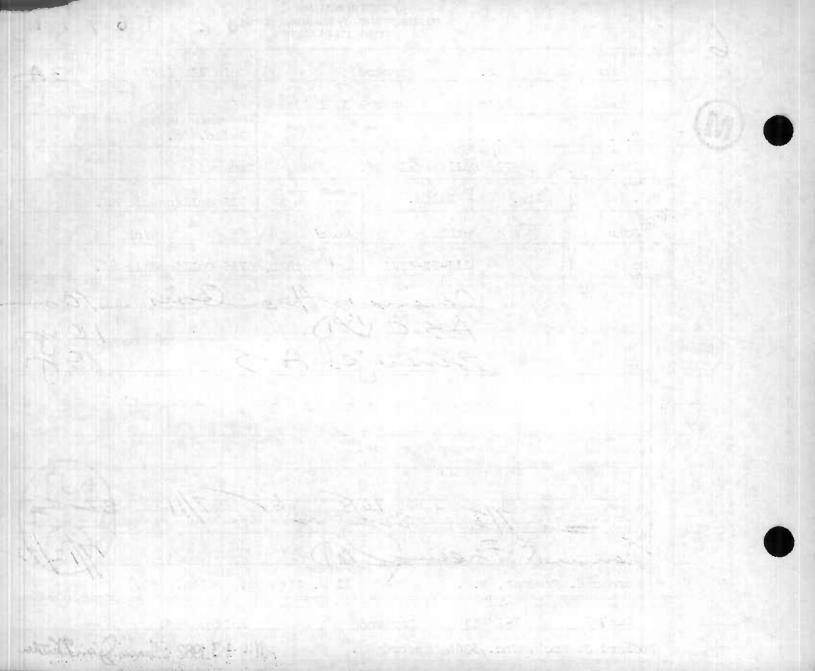
24 FUNERAL DIRECTOR

ADDRESS 1050 York Rd. Fuck Towson Funeral Home, Inc. Towson, Md. 21204



FOR

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral direshould be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filed within 72 haurwith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

1 DF	CEASED NAME	FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	A
	E OR PRINT)			_		-	10 110
2 05		izzetta	Lillian	Bernh		JULY 20,	1982 12
3 SE	X	4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
0	Female		hite		st 16, 1900	81 y	RS.
7a. B	IRTHPLACE (STATE OR		EN OF WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COU	INTY OF DEATH
	Maryland		U.S.A.	WIDOWE	DIVORCED [Baltimore C	ounty
10. C	ITY OR TOWN OF DE		ME OF HOSPITAL, NUR	RSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSIN
	Catonsvil	le	Summit Nur:	sing Ho	me	Housewife	Own Hom
13a. S	AL RESIDENCE (IF NUR!	SING HOME OR OTHER INS	TITUTION GIVE RESIDENCE BE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
	Maryland	Baltimor			YES NO X	5 N. Prospec	t Ave.
14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME	
	Samuel	Thoma		n	Johanna	WIDDLE	Stierhof
	WAS DECEASED EVER		RCES? 166 SOCIALSI	ECURITY NO.	17. INFORMANT	ADDRESS	
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7	Conditions, if ony gove rise to imm couse (a), static underlying couse	, which mediate and the property of the proper	TO, OR AS A CONSEC	OUENCE OF		effection	
7 NO	gove rise to improve (a), static underlying couse	, which mediate and the property of the proper	TO, OR AS A CONSEC	OUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	
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DHMH - 16 50M 1/81 (VRA 15, 4)

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DHMH-16 30M 2/80 (VRA 15, 4)

1.	FOR - STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8	REG. NO	I	6	9	9	3
	CEASED NAME E OR PRINT) RU	TH		L	BIERE	AST TZ	20. DATE OF	DEATH A	7	4	82	26. HOL	
3. SE	X	4.1	RACE		5. DATE C		6. AGE (IN YE	ARS LAST BIRTH	IDAY)		ER I YEAR	IF UNDER	24 HRS
	Female		White		Marc	h 1, 1914	6	8	YRS.	MONTHS	DAYS	HOURS	MIN.
COUNTRY)				WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. BALTIMOR		COUNT	COU			100
							12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOme Maker Own Home					MD. ESS OR	
130. 5	al residence (# nurs STATE Maryland	ING HOME OR OTH 13b COUNTY Balti		GIVE RESIDENCE BEFORE 13c. CITY OR TOW TOWSON		13d. INSIDE CITY LIMITS? YES NO 🛣	13e. STREET A	DDRESS J	oppa	Roa	ad Aj	pt.	601
14. FA	George	MIDI	DLE	Ortel		15. MOTHER'S MAIDEN NA Eva	F •	MIDDLE		Ert	te1	1	
	NAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	166 SOCIAL SECU 216-30-7	115	17. INFORMANT Ernest C. B	ieretz	Same		#13			
	18 CAUSE OF DEATH W HODO Conditions, if ony, gove rise to imm couse (a), statin underlying couse	which nediate g the lost.	DUE TO, OI	R AS PULTAD	NARY ROPAL	INFARCTIO							
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CERTIFICATION	19a. DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	PSY?	IN CERT			OF DEAT	TH?
	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING	AUSE OF DEATH	21b. TIME O HOUR A P.	M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NAT	URE OF INJURY	IN ITEM 18	, PART 1 OF	PART 2)		
MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE 🗍	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	FARM, ETC)	211 LOCATION STREET		CITY OR TOW	iN .	co	YTHUC		STATE
	22a I certify that (I) saw the decease above, (I) (we) (d			_	, ar	, 19 nd that in (my) (our) apinion DEGREE	, to death accurred	d on the dot	e and ha			that (I) (couses st	,
X	m	Lau	rence	Kaple	as M	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICI		/	7/	4/8	2

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

6701 N. 23c. NAME OF CEMETERY OR CREMATORY

198 Moreland Mem. Park

23d. LOCATION
CITY OR TOWN
Parkville

CHARLES

Balto., Md.

STREET

Burial

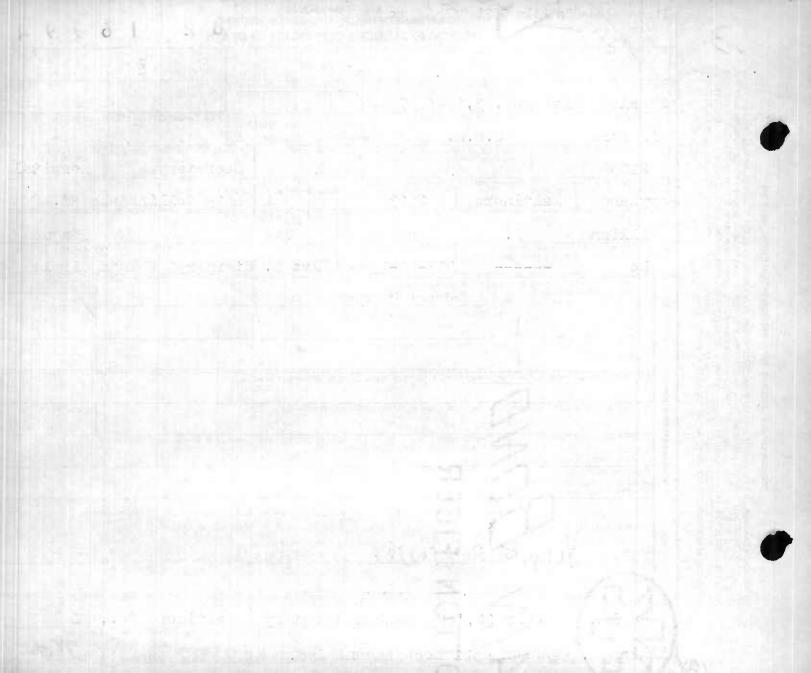
24 FUNERAL DIRECTOR 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. 21204

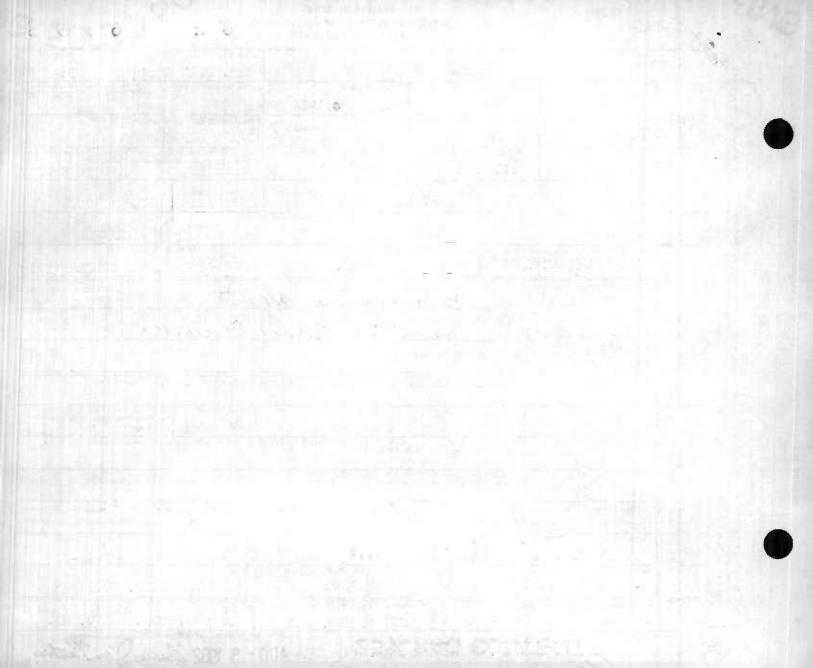
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250. DATE REC'D. BY REGISTRAN 256. REGISTRAN'S

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	DEC	TATE EGISTRAR EASED NAME	FIRST	WE	MIDDLE	ER'S C	LAST	I E OF DE	20 DATE KNO	REG. NO.	MONTH	DAY YE	AR 2b HOUR
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MARKET TO COME	Female BIRTHPLACE	White (STATE OR	July 7		21 YR:	9		ER MARRIED	9	DEAD	RE CITY C	OR COUN		1982 ·	10:15
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RETAIN HOUID	SUAL RESIDENCE. STATE Md.	E (IF IN NUISING HOME INCOUN Anne	or other institution. ITY Arundel	13c CITY Bal	or town timore		3d INSIDE CITY	NO P	310 31 BET	Camro	sse A	ve.			
320	Robert	ME	Paul	В	ock .		IS. MOTHER	S MAIDEN uise	NAME	Maj	rie	10	Mar	iner	
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AL EXAMINER: THIS CERTIFICATE SHOULD BE RECERTIFICATE, WRITING THE WORD, "PENDIO OULD BE FORWARDED TO THE CHIEF MEDIO ALL DIRECTOR: PAGE 3 SHOULD BE USED AS A. H., WITH THE STATE DEPARTMENT OF HEALTH, MARYLAND, 21201 PRIOR TO BURIAL, CREIN, MARYLAND, AND TO BURIAL, CREIN, MARYLAND, AND TO BURIAL, CREIND, AND TO BURIAL, CREI	UNDERLYII CONTRIBU 21d INJURY WHILE AT WORK 22a I ce death resi	NAL CAUSE WAS NG XOR TING CAUSE OF OCCURRED NOT WHILE AT WORK rtify that I took char- ulted fram: Nature	DEATH ? PLACE	DF INJURY M. MONTH XX 7 2 E OF INJURY COTORY, FARM, ETG	DAY YEAR 21 182 (AT HOME.	Sut 100 STR She Autopsy	WINJURY CODIECT ATION REET bourn Homicie TITLE (SPE	stranda Rd. Inspection (de X)	gled	and ITY OR TOWN Arbut Inquiry Inquiry	stabb us 	Ded Ba	OUNTY Ditin	es [X	STATE Md.
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EXECUTE THE CERTIFICATE, WRITING THE WC PAGE A SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BALTMORE, MARYLAND, 21201 PRIOR TO BE	UNDERLYIE CONTRIBU 21d INJURY WHILE AT WORK 22a I ce death resi ACTUAL SIGNATUR EXAMINER (TYPE OR P BUILLAL, CREM BUILLAL	NAL CAUSE WAS NG XOR TING CAUSE OF OCCURRED NOT WHILE AT WORK rtify that I took char- ulted fram: Nature SE NAME	21b TIME of HOUR A P P P P P P P P P P P P P P P P P P	DF INJURY M. MONTH XX 7 2 E OF INJURY CTORY, FARM, ETI e d escribed abov Accident Dixor	DAY YEAR 21 182 (AT HOME. C.)	Sut 100 STR 10	Diect ATION LEET LOUITIE LOUIT	strande Rd. Inspection (de X) ECIFY) Stant	Undetern MEDICA enn (234, 100/ Ball	and Arbut Arbut Inquiry Included man ALEXAMIN STION CTIMO	stabb rus 	DATE SIGN	OUNTY Diffinian MD.	nore 7/21	STATE Md.

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0	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 REG. NO.	16997
16		CRASED NAME FIRST Chav	Charles Max	Bothe Bothe	7 21 8	DAY YEAR 26. HOUR 4. 30 AM
9	3. SE	Male M	4. RACE White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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300	10 CI	TOWSON	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	178 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	Steel Co.
and S	13a. S	AL RESIDENCE (IF NURSING HOME	OROTHER INSTITUTION, GIVE RESIDENCE BEFOR TO LITTOR TO LITTOR TO LITTOR	WE ADMISSION 13d INSIDE CITY LIMITS?	130. STREET ADDRESS	ple Avezizza
2530	14 FA	THER'S NAME FIRST Ber	MIDDLE LAST	15. MOTHER'S MAIDEN N	Rose Myers	LAST
medicol		VAS DECEASED EVER IN U.S.			ADDRESS	Donnel St. 21224
injury, or other troumotic	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) IT CONDITIONS CONTRIBUTING TO	Gastric	MINAL DISEASE OR CONDITION C	GIVEN IN PART 1(0)
lene prior	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
ced or Item 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 2)
morked or I	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
Hem 21 is		Comment of the Commen	spital) attended the deceased from	DEGREE ATTENDING	reference to 1	, 19 , that X (we) last lour and from the couses stated 22c. DATE SIGNED
IMPORTANT: H	N.	THE PHASICIAN'S NAME (TYP	Schreiner	PHYSICIAN 220 ADDRESS 110 U	0 39 HSt.	1 +-21-02
)	-	BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY OLLY Hill Mem. Garde	ens Baltimore C	ounty, Maryland
M 4/82		izdzinski Fune	ral Home PA 1407	Old Eastern Ave.	JUI 23 1982	ISTRAR'S SIGNATURE

and server of the file of Lawrence Co. C. C. C. S. C. S. C. A. S. C. C. C. C. The state of the s office also as List Disart Lang. C. Fotes Sold Disarral ct. 4225 HOWAT WILL WAY ON YOUR BUREAU HER LAND LAND LAND LAND LAND FLORESS TO LEGIST WILL INC. SCHEEN ASSESSED CONSERVATION Continued the real leading that they are severed are. The continued the real severed

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

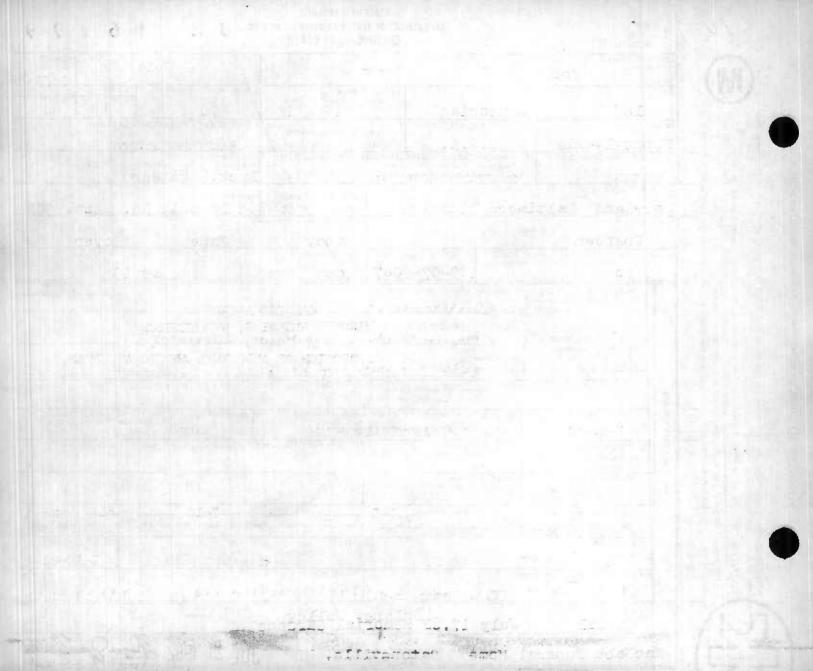
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(VRA 15, 4)

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DIVISION OF VITAL RECORDS

(VRA 15, 4)



7A 1407 Old Eastern Ave.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

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8728 Liberty Rd. Randallstown, Md.

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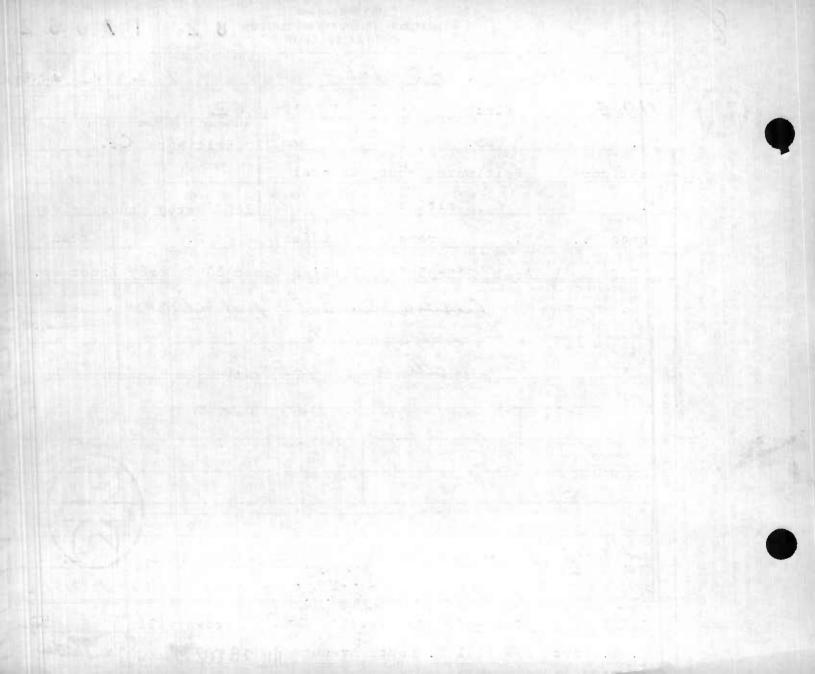
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE Ascus Ola Hayer

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

COUNTY OF COUNTY HERESTEINA SOUTH IN Hispory por minimum 15 187 THE SAME OF THE PARTY.

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💢

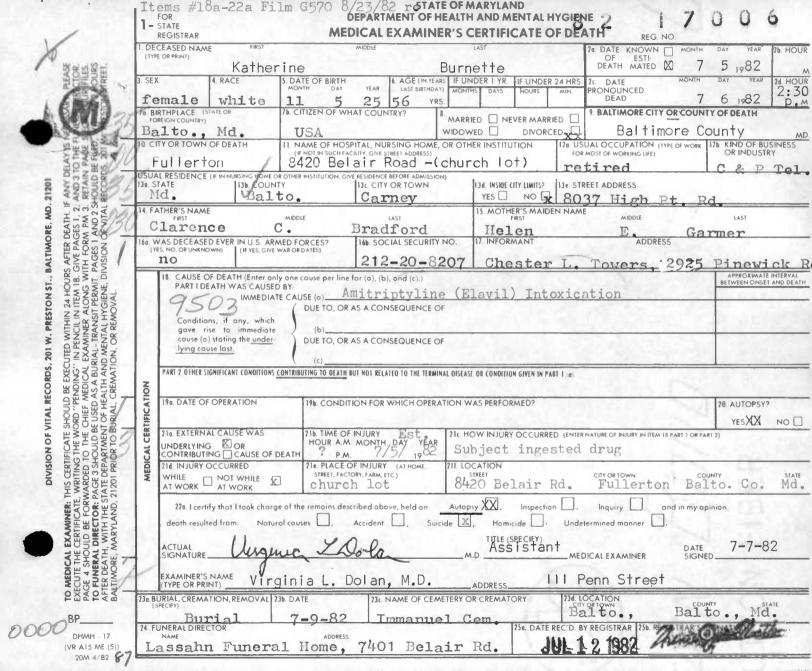
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	DECEASED NAME FIRST		MIDDLE		AST		2a. DATE OF		MONTH	DAY	YEAR	2b. HOU	IR
L	MARGARI	ET V	IOLA	BUE	TTNER				07	15	82		Ам
3	駐X	I. RACE		5 DATE C			AGE (IN YE	ARS LAST BIRTH	IDAY}	IF UNDE	RIYEAR	IF UNDER	
1	FEMALE	WI	HITE	05		24		58	YRS	MONTHS	DAYS	HOURS	MIN.
1	BIRTHPLACE (STATE OF FOREIGN)	b. CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MA		9 BALTIMOR			Y OF DE	ATH		
1	MARYLAND	II	.S.A.	WIDOWE	_	ORCED	BAT.	I IMORI	E COI	עיועו			MD.
10		11. NAME OF	HOSPITAL, NURSIN	NG HOME C	the same of the sa	UTION	12ª USUAL C	CCUPATIO	N	126	KIND OI	BUSINE	
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14	I. FATHER'S NAME			,	15 MOTHER'S			роцог	CHO E	I A LITA	оц,	L. I h. h.	/
	LEROY	NIDDLE	MILI	FD		RGARET		WIDDLE			MIL		
16	O WAS DECEASED EVER IN U.S. ARA	MED FORCES?	166. SOCIAL SECU		17. INFORMAN			ADDRES	S		PILL	LEK	
	(YES NO OR UNKNOWN) IF YES, GIVE	WAR OR DATES)	218-14-	622/	HENRY	T BITET	משותים	5522	DOLC	DEC	AVE	птг	
F	18 CAUSE OF DEATH (Enter only	one couse pla			THENKI .	o Doni	/	3322	DOLIC		APPROXIA ETWEEN O		VAL
	PART I. DEATH WAS CAUSED	BY:	1	ATIC	BREI	FOT	CA				EIWENO	NSET AND	DEATH
	1749 MMEDIATE					101							
П	Conditions, if any, which	1	r as a Consequ	ENCE OF									
	gave rise to immediate couse (a), stating the	(b)_											-
	underlying couse lost	DUE TO, OF	R AS A CONSEOU	ENCEOF									
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERMIN	VAL DISEASE	OR CONDI	ITION GI	VEN IN F	PART 1 (a	,	
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING												
	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTO		20b. IF YE				
		1 3 2					YES 🗌	NO	IN CERTII	ES [AUSES (NO [
	210. ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY M. MONTH D.	AV VEAD	21c HOW INJU	JRY OCCURRE	D (ENTER NAT	URE OF INJURY	IN ITEM 18	PART I OR	PART 2)		
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	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	1		CITY OR TOW	N	col	UNITY		TATE
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1	22d. PHYSICIAN'S NAME ITYPE OR	PRINT)	(10)		22e ADDRESS								
	DIANA GRIFFITH	IS, M.D.	0		ST. A	GNES HO	SPITAI	L, DEI	PT. C	F OI	NCOL	OGY	
23	Bo. BURIAL, CREMATION, REMOVAL	236. DATE	23(. 1	NAME OF C	EMETERY OR CR	EMATORY	23d LOCAT	ION		601			TATE
L	BURIAL	07-19-	-82 CF	ROWNSV	ILLE V.A	A. CEM.		INSVII	LE	A.A		ARYL	

BUR LAL BP. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

19-82 CROWNSVILLE V.A. 21229 INC. 4107 WILKENS AVE. HUBBARD FUNERAL HOME,

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IMPORTANT: If hem 21 is marked or hem 18 sh

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR			DE	PARTMENT OF H	ICATE OF		IENE 8	REG. NO).	1	U	U	•
i		CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF	DEATH	MONTH	DAY	YEAR	2b. HOL	
	[11.76	ORPRINT	ROLLIN	1	D	BURNH	AM				7-1-	82		3:	27p _M
	3. SE	X		RACE		5. DATE C			6. AGE INY	EARS LAST BIRT	HDAY)	IF UNDER		IF UNDER	R 24 HR5
		Male		Whi	ite	Aug	23	1924	57		YRS.	MONTHS		HOURS	MIN.
3	(RTHPLACE (STATE COUNTRY) altimore		U. S.		MARRIE WIDOWE	D ANEVER	MARRIED	9. BALTIMO B.	RE CITY O ALT IM					MD
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5	13a. S	AL RESIDENCE (#1	Harf	ord	13c. CITY O	r town ston	13d. INSIDE (NO ₩	130. STREET			Fa		ton,	
7		Norman	P ["]	IDDLE	Burni	ham	Melv	'S MAIDEN NAI FIRST 1na		MIDDLE	S	chwa	arzz		
1		AS DECEASED E			16b. SOCIA	L SECURITY NO.	17. INFORM.	ANT		ADDRE	ss 410	Men	rrie	Lan	1e
4	. ()	YES NO OR UNKNOWN	M. M. S.	LA OR DATES)	220-]	4805	Mrs.	Blanche	Burnh	am ,	Falls	ton,	, Md	.210	147
		Conditions, if a gove rise to couse (D), st underlying co	immediate	DUE TO, C	R AS A CON	NOMA OF '		NG WITH	DI VBI	***************************************					
	NOI	PART 2. OTHER S	GIGNIFICANT CO	onditions <u>c</u>	ONTRIBUTIN	IG TO DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASI	OR CON	DITION GIV	/EN IN P	ART No	3	
1	CERTIFICATION	19a. DATE OF OPE	RATION	196 COND	ITION FOR V	WHICH OPERATIO	N WAS PERFO	DRMED	20a AUTO	PSY?	20b. IF YE IN CERTII YE	S, WERE FYING C	FINDIN	OF DEA	TH?
	MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEAT	Р	.M. MONT .M.	H DAY YEAR		NJURY OCCUR	RED (ENTER NA		Y IN ITEM TB	PART I OR	PART 2)		
	MED	21d. INJURY OCC	T WHILE WORK		OF INJURY	OFFICE, FARM, ETC.)	21f. LOCATI			CITY OR TO	VN	cou	YIMU		STATE
		obove, th (w	t (1) (this hospite eased alive on e) (did) (whatmet)	7-1		_19 <u>_82,</u> ar	nd that in (mgg	19 <u>82</u>) (our) opinion	, to death accurre	/─⊥ d on the do	te and hou		om the		toted
		226. SIGNATURE M 226. PHYSICIAN'S	wides	1 2.	de f	2	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF		220	2/1	SIGNED 18	2
			DAD DE L		.D.		220 ADDRES		YORK R	OAD T	OWSON	MD	212	04	
	23a. B	SURIAL, CREMATIC	ON, REMOVAL	23b. DATE		23c. NAME OF C			23d. LOCA	OR TOWN		COUNT	TV.		STATE
	'	Buria	1	7-6-1	.982	Oak Law	m Ceme	tery	East	point	Bal	timo	ore.	Co.	Md.

DHMH - 16 50M 4/82

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TO FUNERAL DIRECTOR: After TO HOSPITAL OR ATTENDING

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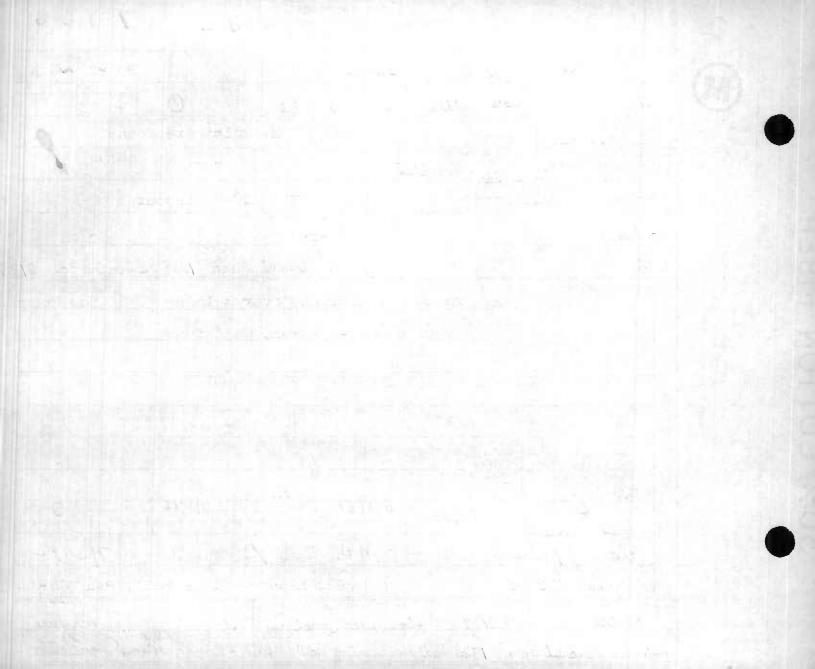
(VRA 15, 4)

24 FUNERAL DIRECTOR

Oak Lawn Cemetery

Baltimore Co. Md. 250 DATE REC'D. BY REGISTRAR 28 REGISTRAR & SIGNAR & SIGN

Fall Lines place of the state of the state of the state of of principal surrousers and surrousers and surrousers and surrousers. " " Legar John - of Change ...



Walter Brooks Bradley, Inc., Dundalk, Md. 21222

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

FOR

- STATE

(VRA 15, 4)

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2		FOR STATE REGISTRAR			MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. I		0	10
		OR PRINT) GRA	CE	K.	CZ	ALLAN	20 DATE OF DEATH	uly 28,		26 HOUR
	3. SE)	Female	4 RACE Whit	te	Jul	OF BIRTH Y 3, 1925	6. AGE (IN YEARS LAST B	IRTHDAY) IF	UNDER 1 YEAR	IF UNDER 24 H
of once.	W	RTHPLACE (STATE OR FOREIGN OUNTRY) ashington, D.	c. U.S	WHAT COUNTRY?	WIDOW		9 BALTIMORE CITY Baltimo	or county of		
OC Trees		TOWSON	728	B Camberle	ey Ci		12a. USUAL OCCUPA I TYPE OF WORK FOR MOST Clerk - Ty		12h KIND OI INDUSTRY State	
35	Ma.	ryland Ba	AE OR OTHER INSTITUTION OUNTY LItimore	134 CITY OR TOW TOWSON		YES NO	13e STREET ADDRESS 728 Ca	mberley	Circl	.e
20		THER'S NAME William	WIDDLE	Kirlin, S		15. MOTHER'S MAIDEN NAM Grace	WE	K	elley ^{vast}	
medico	160 W	(IF YE	. ARMED FORCES? 5. GIVE WAR OR DATES)	214-20-69		Robert E. Ca	allan, Jr.		lton R	load
or other trou		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, C	DR AS A CONSEQUI		V	uffle	nele	31	
njury, o	NO	PART 2 OTHER SIGNIFICA	nt conditions C	ONTRIBUTING TO	DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR COM	ndition given	IN PART 110	1
ows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	G CAUSES	GS USED OF DEATH?
tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	DEATH HOUR A	OF INJURY I.M. MONTH D. I.M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PART	1 OR PART 2)	
orked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET FACTORY, OFFICE, F	ARM ETC)	211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
NT: If Item 21 is m.		220 I certify that (I) (this h saw the deceased all above, (I) (wer dud) on 22b. SIGNATUR	Sell vie the bod	2 10	dr		medical sta	\FF		hot (II (we) couses stated
IMPORTANT: IF		A. H. Gh	ilada, M	.D.		7600 Osle	er Drive			
<u> </u>	23a B	URIAL, CREMATION, REMO SPECIFY) Burial		-1982 23c N		aney Valley	23d. LOCATION CITY OF TOWN COCKEY	sville	OUNIY	laryla

Dulaney Valley

DHMH - 16 50M 1/B1 (VRA 15, 4)

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7-31-1982 1050 York Road 250 CALLY BY RECUSERA 24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Maryland

23d LOCATION
CITY OR TOWN
Cockeysville COUNTY Maryland

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FOR - STATE

9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore Co. 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife INDUSTRY 130. STREET ADDRESS 408 Shirley Manor Road Jungnitsch 11605 Reisterstown Rd.. Owings Mills, Maryland PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO T 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (o opinion death occurred on the date and hour and fram the causes stated 22c DATE SIGNED 07-22-82 Carroll Plaza, Westminster, Md. 21157 COUNTY STATE Pikesville, Balto DHMH-16 50M 7/77 Owings Mills. Md. (VR A 15 (4))

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2

7b. HOUR

HOURS

IF UNDER 24 HRS

IF UNDER 1 YEAR

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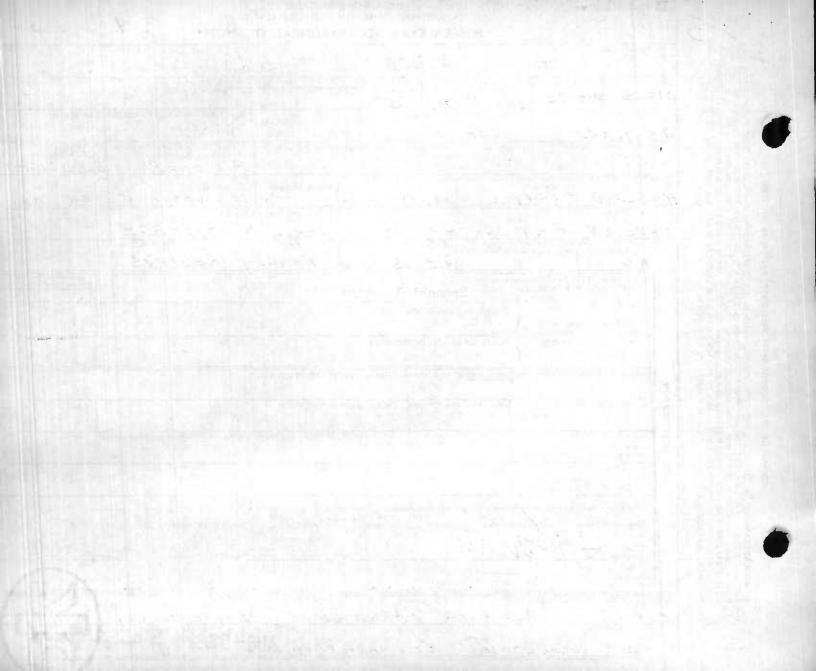
Aurial July 24, 1952 Bruie Didee Cen. Liperville, Belton, Mi.

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STATE OF MARYLAND

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-	FOR DEPARTMENT OF HI	E OF MARYLAND EALTH AND MENTAL HYGIENE	019
)	STATE REGISTRAR MEDICAL EXAMINE	R'S CERTIFICATE OF DEATH REG. NO.	0 1 3
	CEASED NAME FIRST MIDDLE PRESTON RFORD	Carter 3 Date Known Month of ESTI-	29 19 82 M
3.5	7-LE WHITE S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) JAN 12 1959 25 YRS	Months Bats House Mile Provider	DAY YEAR 24. HOUR 29 19 82 11:20
	RTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY WIDOWED DIVORCED Baltimore County	an
	TY OR TOWN OF DEATH arkville Driveway/3331 Tet Woods	OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK)	ON INDUSTRY
5 13a.	L RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION FATE 136. CUTY OR TOWN RYLAND CARBOLL WESTMINS	13d INSIDE CITY LIMITS? 13e. STREET ADDRESS	TER RD.
91	THER'S NAME RESTON FORD CARTER LAST JR.	15. MOTHER'S MAIDEN NAME FIRST CAROL NI. BONHAGE	LAST
	AS DECEASED EVER IN U.S. ARMED FORCES? 5, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 2.3 - 68 - 1.	NO. 17. INFORMANT ADDRESS 370 FAMILY RECORDS	
NO	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY: Bronchial as: Canditions, if any, which gave rise to immediate couse (a) stoting the underlying cause last. PART 2 OTHER SIGNIFICANT (DNDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINA)		BETWEEN ONSET AND DEATH
TIFICATIO	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED?	28 AUTOPSY? YES XX NO
DELINORE, MARTINIO, ALGO TRICK I DEUTAL, CREMATION, OR MEDICAL CERTIFICATION	216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 216. INJURY OCCURRED WHILE AT WORK 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR STREET, FACTORY, FARM, ETC.)	216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR 211. LOCATION STREET CITY OR TOWN COU	
	22a Certify that I took charge of the remains described above, held an death resulted fram: Natural causes , Accident , Suici	TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER DATE SIGNED	7/30/82
230	(TYPE OR PRINT) HOTTIEZ R. GUATA, M.D. JRIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEME	ADDRESS 111 Penn Street, Balto. MD ETERY OR CREMATORY (WOOD 123d, LOCATION CITY OR TOWN EN LTO, COUNTY	
24.	NAME ADDRESS	WOOD BALTO, COUNTY 250. DATE REC'D. BY REGISTRAR 23 AUG - 5 1982	2 Court



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

IF UNDER I YEAR DAYS

126 KIND OF BUSINESS OR INDUSTRY

8823 ASHFORD

HARFORD

IN CERTIFYING CAUSES OF DEATH?

COUNTY

and that in (my) (an) opinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED

NO

STATE

BALTIMORS

24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4)

FOR

REGISTRAR

- STATE

The Control of the Control

E.F. Tassahn, 11750 Belair Rd. Kingsville, Md. 2108

(VRA 15, 4)

STATE OF MARYLAND

26 HOUR

126. KIND OF BUSINESS OR

Self-employed

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STATE

IF LINDER I YEAR

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COUNTY

22c DATE SIGNED

7/20/82

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FOR STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &
CERTIFICATE OF DEATH

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REGISTRAR			CERTI	ICAIL OI DEATH		REG. N	١٥.		
1. DECEASED NAME FIR	51	MIDDLE		LAST	20. DATE OF	DEATH	MONTH D	AY YEAR	26 HOUR
F1c	rence	M.	Ch	enoweth	July	30,	1982		11:30 AP
3. SEX	4. RACE	C.V.		OF BIRTH	6. AGE INY	EARS LAST B		IF UNDER 1 YEAR	
Female	White		Aug	27. 1898	83		YRS.	ONTHS DAYS	HOURS MIN.
TO BIRTHPLACE (STATE OF FOREIG	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED		RE CITY	OR COUNTY	OF DEATH	
Maryland	U.S.A	A.	WIDOW	**	Ba1	timor	e Coun	ty.	MD.
10. CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	120 USUAL	OCCUPA"	TION	126 KIND C	OF BUSINESS OR
Towsom	1023	Kenilwon	cth D			e Mal	of working life ker	Own I	
USUAL RESIDENCE (IF NURSING H 130. STATE Maryland	COUNTY Baltimore	13c. CITY OR TOW Towson	N	13d. INSIDE CITY LIMITS?	13e STREET 1023	ADDRESS Keni	lworth	Drive	
14 FATHER'S NAME FIRST John	MIDDLE	Merryman	N. OIL	15. MOTHER'S MAIDEN NA	AWE	MIDDLE		LA	(51
160 WAS DECEASED EVER IN U		166 SOCIAL SECU	DITY NO	Mary 17 INFORMANT		ADDE	Le	e e	
	(ES. GIVE WAR OR DATES)	217-20-4		Mrs. Ellen (C. Capl			as #13.	k Aris.
18 CAUSE OF DEATH (Er	iter only one couse per	Tine for (a), (b), one	Acu)	<i>A</i>		1	-	APPROX	XIMATE INTERVAL
PART I. DEATH WAS C	AUSED BY:	and	ia	a an	23	1		un	necho
2500							47-51-		
Conditions, if any, whi		R ASA COMSEQUE	NCE OF	D.	.0		0	10	uns
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couse (a), stating to underlying couse la		S A CONSEQUE	NOTOF	ten m	· IV,	1		14	1111
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Z TAKI Z OTTICK SIGNIFIC	ANT CONDITIONS CO	DIVINIBUTING TO L	PEATH BUT	NOT RELATED TO THE TERM	MINAL DISEAS	E OR COR	NDITION GIVE	NINPAKI	. /
190. DATE OF OPERATION	19b COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	PSY?		, WERE FINDI	
TE					YES 🗔	NO	IN CERTIFY		S OF DEATH?
210 ACCIDENT WAS UNDERLYIN				21c HOW INJURY OCCUR	RED (ENTERNA		URY IN ITEM 18 PA	ART I OR PART 2)	
OR CONTRIBUTION C CAUCO	OFDEATH	M. MONTH DA	Y YEAR						
(IF EITHER NOTIFY MEDICAL EX	21e PLACE	OF INJURY		21E LOCATION		nacro (page)	wire.		
WOI WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, FA	ARM, ETC)	STREET		Cityour	GW1+:	COUNTY	STATE
22a.1 certify the (1) whis	+	decensed from	3	27 105	8 5	130	2	SA	that (1) (w) lost
saw the deceased al	- //	95	5.	nd that way our) opinion	death accurre	d on the	dote and hour	and from the	1
77h STATURE	did not: See the body	Offer deglis.		DEGREE				22c DA)	
14000		1, 1,		My ATHENDING	MEDICAL	_ STA		7/	51/54
224 PHYSICIAN'S NAME	AN OKHAN)	um	ac	270 ADDRESS	DIRECTOR	□ PHYSI	ICIAN 📗	111-	11100
6		D		Discontinue and the second	1 7	C d. 1		Man	-11
George T. C				1717 York R			erville	, mary	land
230 BURIAL, CREMATION, REMISECTEY) Ruria1	OVAL 23b. DATE			EMETERY OR CREMATORY	23d. LOCA		:11a D	COUNTY	STATE
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1050 York Road

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH - 16 50M 1/B1 (VRA 15, 4)

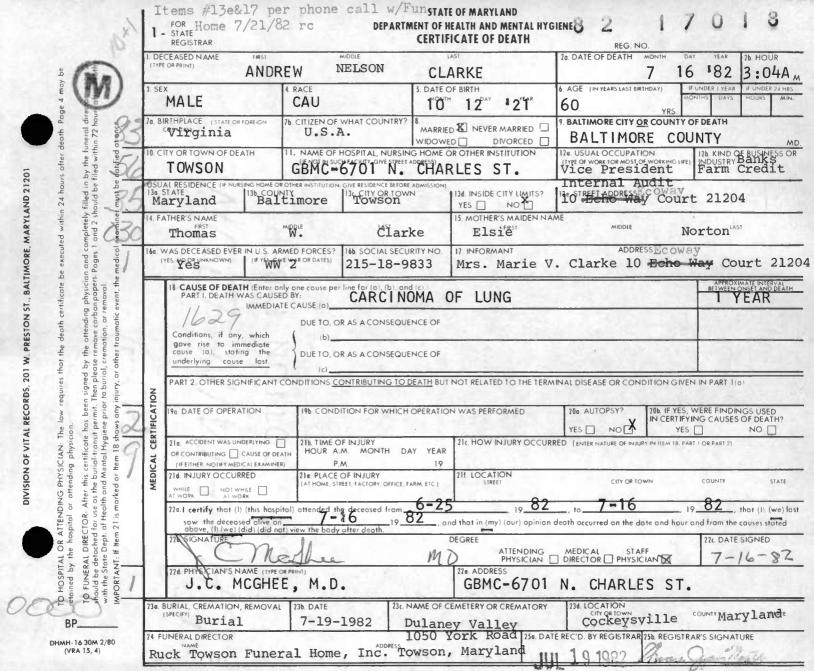
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24 FUNERAL DIRECTOR

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4		1.	FOR Fun. Home 7 STATE REGISTRAR	7/12/82 rc DEPARTI	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	1 / 0	1 /
	T. T. SALV		CEASED NAME FIRST	WIDOLE	LAS1	20. DATE OF DEATH	ONTH DAY YEAR	2b HOUR
y be	deo th		Mary	Elizabeth	CLARK	July 3, 198	32	3:00P M
ma		3 SE	X	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS.
Poge			dentale	white	1 26 27	55	YRS	HOURS MIN.
+ P			RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
dear	and to		Pay	UISA	WIDOWED DIVORCED	Baltimore C		MD.
fter	y the fled with	10 C	Y OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION (ADDRESS)	126 USUAL OCCUPATION		OF BUSINESS OR
201	the second		oaltimere	Franklin H	050	Clerk	Balling	ove Couch
4D 21	lled ii		AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE INTY	N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	CA B	+
ARYLAND within 24	2 sho	14. FA	ATHER'S NAME	MIERE DOUBLING	YES NO STATE	ME DUNCE	ort Cour	-1
AAR	ond 2		Managha II	MIDOLE LASH	FIR	MIODLE	2 - L-01"	57
RE, A	0 -		VAS DECEASED EVER IN U.S. AI		JRITY NO. 17 INFORMANT	ADDRESS	Darzer	
BALTIMOR	Pages medico	- (YES, NO OR UNKNOWN) (IF YES, GI	104-20-	6712 John Clark	T. P. 4 D	uncroft !	2 t
ALTI	cio Fress.		18 CAUSE OF DEATH (Enter o	inly one couse per line for (a), (b), an			APPROX	MATE INTERVAL
: 4	physi mpap movo went,		PART 1. DEATH WAS CAUS	ED BY: ATE CAUSE (0) Cardiac A			BE) WEIN	ONSET AND DEATH
N ON A	ding arbo or re	9	4275	DUE TO, OR AS A CONSEQUI				
ESTG	otter dive o fion,		Conditions, if ony, which	((b)				
. PR	the removement		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	d by lease ial, cri		underlying couse lost	(c)				
S, 2	en p en p bury, o	z			DEATH BUT NOT RELATED TO THE TERM			01
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REC low	os boserm	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		20b. IF YES, WERE FIND! IN CERTIFYING CAUSES	OF DEATH?
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V N N N N N N N N N N N N N N N N N N N	A 12 A 1		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	TEMPER NATIONE OF INJORY	IN IEM IS PART I OR PART 2)	
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ATTEN	pritol TOR for u of Hi		sow the deceased alive or	n July 3. 19 8	32, and that in (Ay) (our) apinion	death accurred on the date	ond hour and from the	couses stated
S. A.	DIRECTION DESCRIPTION OF THEM 2		ZZE SIGNATURE AA	() ()	DEGREE		22c. DATE	SIGNED
A IA	AL AL TIT I		Lawren		m. D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NO 7	-3-82
NSPIT	FUNERAL uld be detailed by the Stote ORTANT:		THE THYSICIAN'S NAME (TYPE		22e ADDRESS			
O H	to FUNER, should be d		Lawrence J.	Snyder, M.D.	9000 Frankl	in Square Dr	ive 21237	
1001	5 - 2 2	- 1	SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	gousins	MATE
1600	ŠP	E	urial	June 8, 1982	Bethel Cemetery	Everett B	0-7	atte
	H-16 50M 1/81 (VRA 15, 4)	24 PC	INERAL DIRECTOR	200 Judgess	Canul - 250 DAI	1 2 1982	THE TENENT	URE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH 25 HOUR VIRGINIA July 23, 1982 COARD 1:14pS DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 2-3-1899 Caucasian vrs. 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE)
HOUSEWITE home Franklin Square Hospital Balto. 13d INSIDE CITY LIMITS? 3552 Lyndale Avenue 21213 YES X NO T 15. MOTHER'S MAIDEN NAME Mary Ritchie 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Raymond L. Outen 2604 Windsor Rd. 6-10-8492 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) IMMEDIATE CAUSE (o) Cardiorespiratory Arrest DUE TO, OR AS A CONSEQUENCE OF Congestive Heart Failure; Vascular Insufficiency DUE TO, OR AS A CONSEQUENCE OF Gangrene right leg PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET FACTORY OFFICE FARM, ETC.) STATE

190 DATE OF OPERATION

710. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

Conditions, if ony, which gave rise to immediate

couse (a), stating

underlying cause

7/14/82

Gangrene right leg 216. TIME OF INJURY

NOT WHILE

CERTIFICATION

- STATE

3 SEX

REGISTRAR DECEASED NAME

Female

Balto.

30 STATE

Md.

4 FATHER'S NAME

Henry C.

BIRTHPLACE (STATE METEREIGN

Pocomoke City

FANNIE

Outen

PART I. DEATH WAS CAUSED BY-

4 RACE

USA

220.1 certify that (this haspital) attended the deceased from. July 23

July

DEGREE

23c NAME OF CEMETERY OR CREMATORY

_82___, and that in (14) (our) apinion death occurred on the date and have and from the couses stated

obove, K (we) (did) (d) (not) view the body after death. 226. SIGNATURE

230 BURIAL, CREMATION, REMOVAL

JAMD

22e. ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION

22c DATE SIGNED

9000 Franklin Square DRive 21237

COUNTY

DHMH - 16 50M 1/81 (VRA 15, 4)

7-26-82 Parkwood Cem. Burial FUNERAL CREEK Funeral Home, Inc. 3331 Brehms Lane

Balto. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Md.

THE RESERVE OF THE PARTY OF THE PARTY. Express DESPEZIONE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore, County 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Nursing 7864 St. Monica Drive UNK. Joseph H. Coker - 1322 Cambria St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in ((our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 9000 Franklin square Dr. 21237 Sacred Heart of Jesus Baltimore County, George A. Weber & Sons Inc. - 705 S. Ann St. 6

2b. HOUR

DHMH - 16 50M 1/B1 (VRA 15. 4)

24 FUNERAL DIRECTOR

- STATE

REGISTRAR

nement of the second of the se evirano indi . 13 5057 x x x x m excentiful natominio instru ters . Fourth & Mart - 1990 Settoral II. . Att During . . OWER Secret of tone of the second Sales of the second ID FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbanapaers. Pages 1 and 2 should be filed within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

morked ar Item 18 shows any injury, or ather traumatic event, the medical

	REGISTRAR		CENTITIONIE	JI DEATH	REG. NO).				
	1 DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	NONTH DAY YEAR	2b HOUR			
		Lioba Claira CONNELLY				982	9:26am			
1	Female	4. RACE White	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRT)	HDAY) IF UNDER I YEAR MONTHS DAYS	HOURS MIN.			
ď	COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEV	ER MARRIED	BALTIMORE CITY OF	COUNTY OF DEATH				
1	Balto. Md.	U.S.A.	WIDOWED	DIVORCED [Baltimore (MD.			
7	Rossville	the Franklin Square Hospital Retired Reserved Re)F BUSINESS OR				
1	Md. 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO 134. CITY OR TO	YES [NO 😿	13e. STREET ADDRESS 6809 Be	ech A enue				
4	14. FATHER'S NAME FIRS John Dotte	FATHER'S NAME FIRST John Dotterweich LAST			15. MOTHER'S MAIDEN NAME FIRST Flizabeth Schwallenburg. LAST					
		E WAR OR DATES)			ADDRESS					
	(YES, NO OR UNKNOWN) (IF YES, GIVE	216-12-	216-12-9870 Agnes Benb		w - 5528 Hutton Ave 2120					
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Staphylococcal pneumonia									
				YES NO NO			RTIFYING CAUSES OF DEATH? YES NO NO			
1	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR 19		D (ENTER NATURE OF INJURY	/ IN ITEM 18 PART 1 OR PART 2}				
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE.	FARM ETC)	ATION TREET	CITY OR FOW	OUNIY COUNIY	STATE			
	22a. I certify that \(\) (this hospit saw the deceased alive an above, (\) (we) (did) (did)(ar	July 18 19	June 21 82, and that in 1	19 <mark>82</mark> (our) opinion de	to July 18 coth occurred on the do	, 19_82, te and hour and from the	that (we) lost couses stated			
	Joseph P Con	nellymo	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF	- 10	SIGNED			
	Joseph P. Conn	nelly M.D.	9000	Franklin	Square Dr.	21237				
	230. BURIAL, CREMATION, REMOVAL (SPECIFY)	23b DATE 23c	NAME OF CEMETERY		23d LOCATION CITY OF TOWN	COUNTY	STATE			
	4 FUNERAL DIRECTOR									
		rc-6415 Belair	Rd21206	JU	JL 21 1982	Corces Jan	1 Mayor			

DHMH - 16 50M 1/81 (VRA 15, 4)

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20M 4/82

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(VRA 15, 4)

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DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

1	1-	FOR STATE REGISTRAR		EALTH AND MENTAL HYGI	70	2 4						
		CEASED NAME FIRST	MIDD	LE	ı	AST	REG. N 20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	g	
	TITPE	Lawrence	ce Robert C			ORN	Ju1	1982	11:			
1	3. SE)		4 RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BE	IF UNDER 1 YEAR	IF UNDER 2	- 1111		
		M	W		MONTH	0/8/34	47	YRS.	MONTHS DAYS	HOUR5	MIN.	
1		RTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARR			D NEVER MARRIED	9 BALTIMORE CITY			VV B		
9		0410	USA		WIDOWE		Baltimor		inty		MD.	
7	0	OSS VILLE		SPITAL, NURSING CILITY, GIVE STREET A VKLIN	S R OTHER INSTITUTION	120 USUAL OCCUPAT		LIFE) 12b. KIND O INDUSTRY STE		SOR		
5	USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY 131. CITY OR TOWN 131. INSIDE CITY LIMITS? 130. STREET ADDRESS 130. STREET ADDRESS 130. STREET ADDRESS 130. STREET ADDRESS								8332			
3	14 FA	THER'S NAME	7.	TOOLS T	VI-el	15 MOTHER'S MAIDEN NAM		-6	,,,,		_	
6		MON	AGNES	MIDDLE	AMO	IAS	1	н				
		ES NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES!	SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDR	ESS		^		
		123 KOR	FA 2	1726	8335	ELIZABE	THI COL	N	17.	BOFE	5	
		18 CAUSE OF DEATH (Enter on							APPROXI BETWEEN	MATE INTERV	AL	
		PART I. DEATH WAS CAUSE	D BY: E CAUSE (a) Ca	irdiac P	ulmor	ary Arrest						
	10	4220		A CONSEQUE	NICEOE							
		Conditions, if ony, which		asarca	NCL OF							
	-8	gove rise to immediate cause (a), stating the			105.05							
		underlying cause last	CC	naestiv	e Hea	rt Failure						
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								1		
-1	O											
7	MEDICAL CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFO			N WAS PERFORMED	20a. AUTOPSY?	20b. IF YI	YES, WERE FINDINGS USED			
-	TIF			Be of the X of the Real			YES NO NO					
1	G	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	1100110 1 11	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW			W INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	113		19							
-1	ED	21d INJURY OCCURRED	21e. PLACE OF I	NJURY FACTORY, OFFICE, FA	D	211 LOCATION	CITY OR TO	CITY OR TOWN COU			ATE	
	Σ	AT WORK AT WORK	(ALHOME, SIREE),	FACTORY, OFFICE, FA	RM, EIC J	JINEE!						
		220.1 certify that (this hospi		eceosed fram	June	29 , 19 82	_, ta_July_7		, 19_82	that K (we	e) last	
-1	1	saw the deceased alive an abave, (V (we) (did) (did)	July 7	r death	82_, an	d that in opinion d	leath occurred on the c	ate and ho	our and from the	causes stat	ed	
1	J.	22b. SIGNATURE	To I	a deam.	11	DEGREE			22c. DATE	SIGNED		
	. 99	Man 11	Mun	n 111	0	ATTENDING PHYSICIAN	MEDICAL STA		7-	7-82		
7		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS				OL		
	UT.	MARC M.	LEVINS	SON, ME		9000 Frank	lin Square	Driv	e 21237	7		
		SURIAL, CREMATION, REMOVAL	23b. DATE /10			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STA	ATE	
	24 E1	BURIAL	1 ///	82 HE	LL	Y /1/24	BALT	O,	MP	whe		
	74. 10	JNERAL DIRECTOR	If he Bon 300 mace Ave JUL 13 1982 Theres Van Northern									
	hand	- Council	1 den	200	1	CA LACTOR	- V NUL 6/	ported	Tour R	Whole was		

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG NO

2b HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO []

. that (I) (we) last

22c. DATE SIGNED

STATE

IF UNDER 24 HRS HOURS

IF UNDER 1 YEAR

INDUSTRY

YES [

COUNTY

CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 201

FOR

REGISTRAR

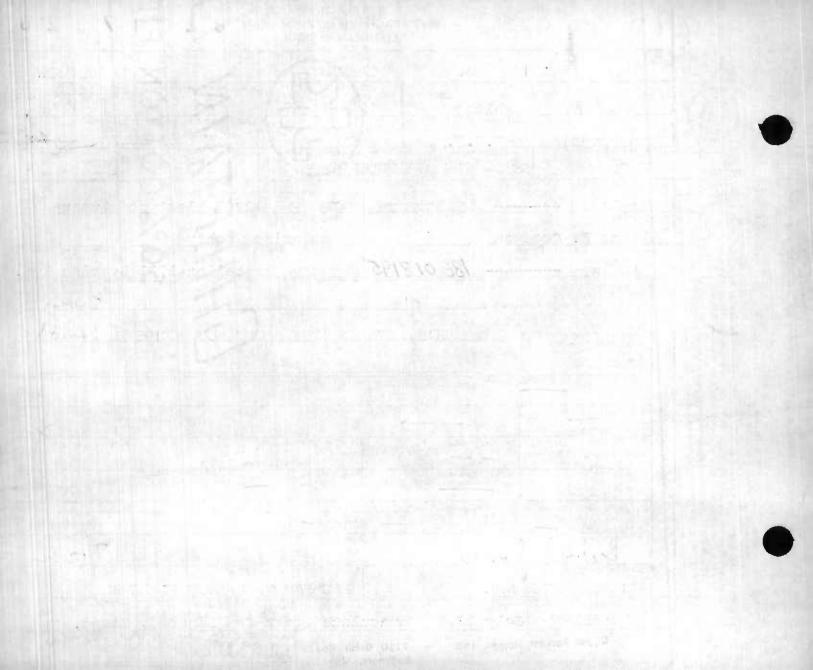
24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

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9	1	FOR - STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HY TICATE OF DEATH	GIENE 8 2	17	0 2 6
m.s		CEASED NAME FIRST		WIDDLE		AST	2a. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
y be		FRAN	CIS	J.	CF	REEGAN		7 19	82 8:35A M
E 4	3. SE	X	4 RACE		5. DATE (6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	1 YEAR IF UNDER 24 HRS
e de		MALE	Whit		1		82	YRS.	,,,,,,
a la		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	_	тн
dea	Pe	ennsylvania	U.S			DIVORCED	BALTIMORI		MD
by the filed wi		TOWSON	GEMC -	6701 N.	CHARLI	ES STREET	12a USUAL OCCUPAT	F WORKING LIFE) INDL	SIND OF BUSINESS OR USTRY th Steel
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300 2 and 2			MDDLE egan	LAST		15 MOTHER'S MAIDEN NA FIRST Katharin	e Toohey		LAST
ges dicol		WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE	ss 2	1237
S. Pa		No		186 01	8/45	Dorothy Ma	rsteller		
aper aper aval.	7	18. CAUSE OF DEATH (Enter & PART I. DEATH WAS CAUS	inly one couse pe	er line for (a), (b), a	nd (c).)			BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
g ph sonp remo			TE CAUSE (0)	PNEUMON	IIA				2 days
cork , or		1000	DUE TO, C	OR AS A CONSEQU					1
by the att se remay. crematic		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	OR AS A CONSEQU		OKES (CEREBRA	LVASCULAR A	COLDENIA	1 mas
signed the plea to be	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN P	ART Ita
been mit. I priar any ir	CERTIFICATION	19a DATE OF OPERATION	19b. CONE	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20s AUTOPSY?	20b. IF YES, WERE	
per per	TIFIC	and the same of the					YES NO	IN CERTIFYING C	AUSES OF DEATH?
ental Hygie		2)a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	ATH HOUR A	OF INJURY	DAY YEAR	21¢ HOW INJURY OCCUR	7.4	RY IN ITEM 18 PART I ORP	ART 2)
S A P	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY TREET FACTORY, OFFICE.	Sales S	211 LOCATION STREET	CITY OR TO	wn cou	NTY STATE
ar after After these as the solth and marked		22a.1 certify that (I) (this hasp	oital) attended t	he deceased fram	7/0)2 19 82	to 7/19	10 82	that (f) (we) last
ECTOR ed for u at. of He m 21 is		saw the deceased alive a above, (1) (we) (did) (end in 22b. SIGNATURE	7/19	919.		nd that in (my) (par) apinian	death accurred on the de	ate and hour and fro	im the couses stated
TO FUNERAL DIRE. Should be defacted with the State Dept. MPORTANT: If herr		276. SIGNATURE	hors	10		DEGREE ATTENDING PHYSICIAN [MEDICAL STAI		1/17/se
FUNERA Jid be de The Stat		224 PHYSICIAN'S NAME (TYPE	OR INT)			22e ADDRESS			
should be de with the State		RICHARD GROS	S, M.D.			GBMC 6701 N	. C HARLES	STREET 212	204
F 10 5 S		BURIAL, CREMATION, REMOVA	236 DATE			EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
		Burial	July	23,82 1	mmac	ulate Heart			na.
16 50M 1/B1 RA 15, 4)	24 F	NAME DIPPEI FUNO	al Homes,	Inc. ADDRESS	7110 E	lelair Road JUL	2 1 1982 CA	256 RECISTRAR'S SI	Planthen



BP DHMH - 16 50M 4/8 (VRA 15, 4)

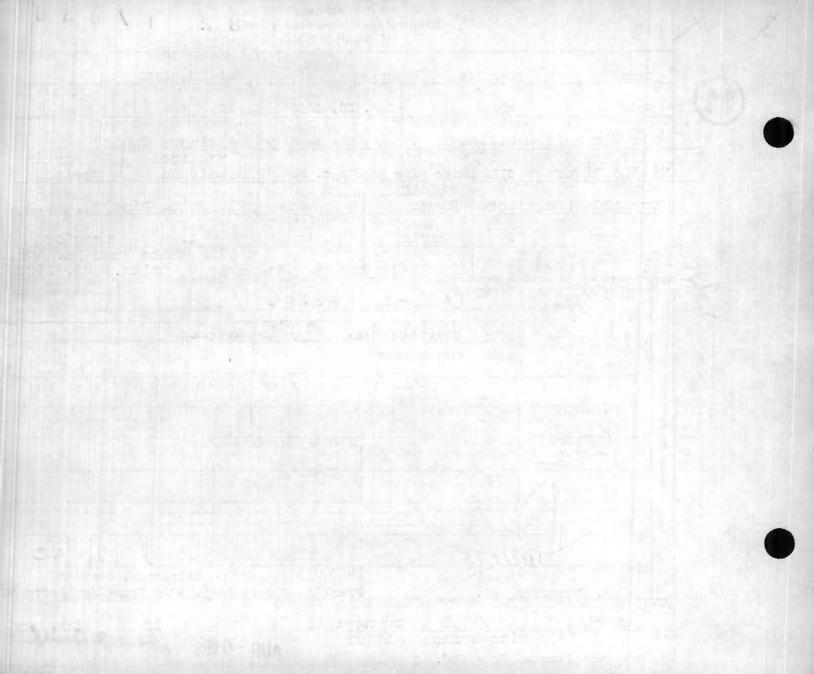
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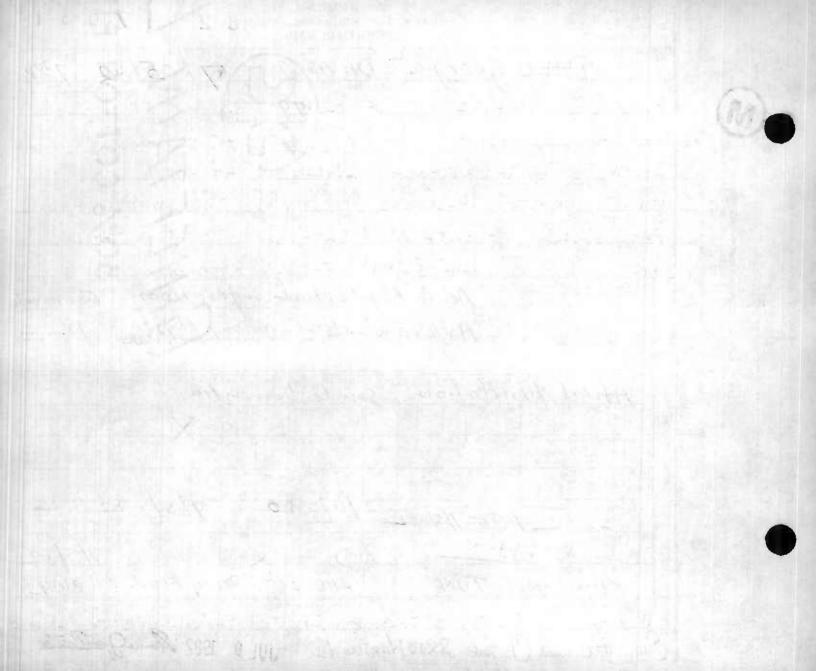
STATE OF MARYLAND				ara.
ARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	-1	1
CERTIFICATE OF DEATH				

/	STATE OF MARYLAND												
0	1-	FOR STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 / U 2 0									
	1.00	REGISTRAR CEASED NAME FIRST	MIDI	N. F.		AST	REG. NO		Y YEAR 21				
	ATYPE	OR PRINT)	Lena,,	olt	Curr		20. DATE OF DEATH MONTH DAY YEAR 26. HOUR						
A		4441177791	7-14-1/		Te name		Vuly 21 1782 1/19						
	3. SE:		4. RACE		5. DATE C	15, 1906 YEAR	6. AGE IN YEARS LAST BIR			OURS MIN			
		Female	Whit			15, 1900		YRS.					
50		RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?			9. BALTIMORE CITY O						
	10.01	Maryland	U.S.A.		WIDOW		Baltim			٨			
8	To	TY OR TOWN OF DEATH	St. J	oseph's	ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retired Se	F WORKING LIFE)	176 KIND OF E INDUSTRY 58	BUSINESS O			
(7)	13a. S			E RESIDENCE BEFOR C. CITY OR TOW TOWSON		134 INSIDE CITY LIMITS?	13. §1257 ADBRESS ksdale						
2 4	14. FA	THER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN NA	ME 2 MIDDLE						
56	3	Anthony	WIDDLE	Genove	se	Lefia	ιλ ζ						
1	16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SC				JRITY NO.	17. INFORMANT	ADDRESS						
	. (NO (IF YES	S, GIVE WAR ON DATES)	215-14	-8051	Mr Andrew	Curreri 383	0 6th	6th St				
			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH										
	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF the underlying couse lost.											
4	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO						
7		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING USE O (IF EITHER, NOTIFY MEDICAL EXAM	FDEATH HOUR A.M.	MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)						
•	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK	21e PLACE OF	IN JURY FACTORY, OFFICE.		21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE			
		22s.1 certify that (within he saw the deceased offin above (1) was (1) of the same of the	71	2/ 10	82.0	nd that in (my) (open opinion	death occurred on the de	2/ 19 te and hour a		ot (in we) lo			
		226. SIGNATURE Las	um Roi	1 ms		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		7/27	182.			
		22d PHYSICIAN'S NAME (T	YPE OR PRINT)			22e ADDRESS			THE PERSON				
		Ramon	Roig, M.D.	4.30		7620 York R	load, Towson	, MD	21204				
M	23a. E	BURIAL, CREMATION, REMO			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	71	COUNTY	STATE			
		(SPECHY) Burial	7/24/82	2 He	olu Re	edeemer	Baltimo			STATE			
	24 FI	UNERAL DIRECTOR	, , , ,			25a. DAT	E REC'D. BY REGISTRAR			RE			
		Leonard J R	uck Inc. Ba	ADDRESS	e. Mar	uland JU	22 1982	Frame.	Donn Pla	The			

1010--0.00

Duda-Ruck Funeral Home Ind.





DESCRIPTION OF STREET STREET, May a series Dennis Industrial (Elisabeth Line)

Althorn Salvania Manuel Felloff WEST TANTOW ASI SYCHOLOGIC Mp. Barro X BENJAMIN F DEETH and animotralis

6) +		CEASED NAME	FIRST		MIDDLE	LA		REG. 20. DATE OF DEATH	MONTH DAY		26. HOUR
deod			BABY		BOY		GARMO	July 6	1982		10:35 AM
e D	3. SEX	M	1	RACE Whi	te /	MONTH Jul	y 4 1982 YEAR	6 AGE (IN YEARS LAST	BIRTHDAY) IF UI MONT	HS DAYS	HOURS MIM.
		RTHPLACE (STATE O	R FOREIGN 7	U.S.	WHAT COUNTRY?	8.	☐ NEVER MARRIED ☐	Balto. C	_	DEATH	MD.
by the full with	T	TY OR TOWN OF DE	-	Greater	Balto. N	led. C	enter institution	12a USUAL OCCUPA (TYPE OF WORK FOR MOS		26. KIND OF NDUSTRY	BUSINESS OR
filled in ould be must be		L RESIDENCE (IF NUI TATE Md.	Carr	THER INSTITUTION.	13c. CITY OR TOWN Hamstea	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRES	s kwood Dr	. 21	074
completely 1 and 2 sh	14. FA	THER'S NAME FIRST Donald		dley	De Garmo		IS MOTHER'S MAIDEN NA Julia	ME MIDDLE Beth	Walser	LAST	
Poges 1		'AS DECEASED EVE ES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADD	PRESS		
equies flor the deeth certificate in signed by the ottending physici. Then please remove carbon paper it burial, cremotion, or removal. injury, or other traumatic event, the	NOI	Conditions, if on gove rise to incouse (a), state underlying coust	nmediote ing the se lost.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE Prematur R AS A CONSEQUE CONTRIBUTING TO D	NCE OF	OP	NINAL DISEASE OR CC	PADITION GIVEN I	N PART 1(0)	
ysicion. cofe hos beer consit permit Hygiene prior 18 shows any ii	CERTIFICATION	19a DATE OF OPER	ATION	196 COND	ITION FOR WHICH (OPERATION	I WAS PERFORMED	20a AUTOPSY?	206. IF YES, WI IN CERTIFYING YES [X	G CAUSES C	
this certificate burial-trans and Mental Hyg		OR CONTRIBUTING	CAUSE OF DEATH	216. TIME O HOUR A. P.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	ijury in item 18 part 1	OR PART 2}	
his of hi	MEDICAL	21d INJURY OCCUI	VHILE	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC }	21f. LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
other ter th s the h ond rked o		22a I certify that (i) ottended th	e deceosed from	7/4 2, on	, 19 <u>82</u> I that in (my) (o <u>ur)</u> opinion	death occurred on the	dote and hour no		hot (1) (we) lost ouses stated
or oth or oth se as th ealth or marke		sow the deceo obove, (1) (we)	sed olive on _ (did) (did not)						dore ond noor on		
haspital or att		obove, (I) (we) 22b. SIGNATURE	E /d	elle-		C	EGREE ATTENDING PHYSICIAN [1477	AFF	22c DATE S	
haspital or oth		obove, (I) (we)	VAME (TYPE OR Adams	View the body	otter death.		ATTENDING	MEDICAL S DIRECTOR PHY	TAFF SICIAN 🛣	7/8	/82

State of the state

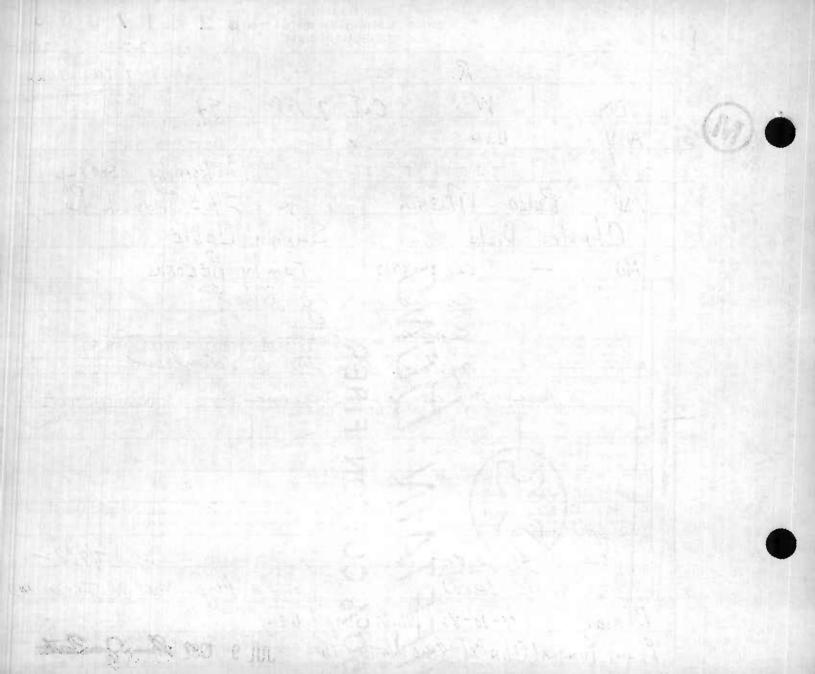
DHMH - 16 50M 1/B1 (VRA 15, 4)

.1	/	FOR		DED		TE OF MAI	RYLAND ND MENTAL HY	CIENES	19	1	7 0	3	5
4	1-	STATE REGISTRAR		DELL			F DEATH	OIENEO	REG, N	•			
		CEASED NAME FIRST ES	THEK	WIDDLE	ER	DER	MER	2a. DATE		MONTH	DAY YEAR 82	2b H	OUR SOA M
	3. SE	x	4 RACE			OF BIRTH		6 AGE	(IN YEARS LAST BI	RTHDAY}	IF UNDER 1 YEA	AR IF UN	DER 24 HRS
		FEMALE	WHIT	Е	JÜL	Ÿ 23,	1914	1914			MONTHS DAY	5 HOUR	is Min.
3	М	RTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	76. CITIZEN OF		MARRI	ED	ER MARRIED DIVORCED	D	MORE CITY O		TY OF DEATH		MD.
Ŝ		RANDALLSTOWN	BALTI	MORE CO	OUNTY G	EN. H		LTYPE OF	120 USUAL OCCUPATION (1796 OF WORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY AT HOME				
3	USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 138. STATE 138. COUNTY 138. CITY OR TOWN 134. INSIDE CITY LIMITS? 3721 BRENTFORD										D RD.	#213	133
36	14. FA	ATHER'S NAME JOSEPH	MIDDLE I.	LAST	ABRAH		FIRST SARA	Н	MIDDLE		ROSENT	ĤAL	
P	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT MR. HAROLADADERMER 800-05-3765 3721 BRENTFORD RD., RANDALLST											MD 3	21133
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating The underlying couse lost (b) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN 190 DATE OF OPERATION 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERI IN CERTIFYING (1)										DINGS U	
1	ERTIF	210. ACCIDENT WAS UNDERLYING	21b. TIME O	E IN II IDV		Tale HO	W INJURY OCCU	YES [YES 🗌	NC	
7	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	ATH HOUR A	M. MONTH M. OF INJURY	DAY YEAR	211 LOC	ATION	KKED (ENIE			COUNTY	,	
	×	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET FACTORY, OF	FICE FARM, ETC)	3	TREET		CITY OR TO	OWN	COUNTY		STATE
		22a.t certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did no 22b. SIGNATURE	6-21	-82		ond that in	(my) (our) opinior	n deoth occ	urred on the d	lote and h	our and from t		
		A M	show				ATTENDING PHYSICIAN	MEDIC DIRECT	AL STA		17-	8-	82
		22d. PHYSICIAN'S NAME ITYPE	· SHAF			RA1	JOAUS				17 8C	D (
	23a E	BURIAL, CREMATION, REMOVAL ISPECIFY) BURIAL	JULY 9	,1982	ANSHE	CEMEJERY	OR CREMATORY AH	23d. LG	METCAR	ORE	COUNMA	RYLA	ND _{ATE}
		O10 REISTERSTO	LEVINSO			2121	1	14.11 4	y registrar 4 1982	25b REGI	ISTRIR'S SIGN	Agree	Then

Children is the state of the st postunion com desenta i com petote o econ-

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 7 0										
	1 -	STATE REGISTRAR	DEF		ATE OF DEATH		7 7 00	11.00		
		CEASED NAME FIRST	MIDDLE	LAST		REG. NO. 20 DATE OF DEATH MONTH	7-7-82	11:00ar		
	(TYPE	ROLI	A R.	DICKS		July	7 1982	11-00A M		
	3. SEX	, hr	4. RACE	S. DATE OF B	IRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE H	FUNDER 24 HRS		
Va		RTHPLACE 1: ATE OR FOREIGN	76 CITIZEN OF WHAT COUR	VTRY? 8.		9 BALTIMORE CITY OR CO	UNTY OF DEATH			
	· ·	N. V	414	WIDOWED	NEVER MARRIED	BALTIMORE	COUNTY	MD.		
8		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY GIVE ST JOSEPH	IURSING HOME OR C		12d ASYAL OCCUPATION (TYLE WORK FOR MOST OF WORK	126 KIND OF E	BUSINESS OR		
28	_	AL RESIDENCE (IF NURSING HOME OF TATE	ROTHER INSTITUTION GIVE DENC	E BEFORE ADMISSIONI			100	7		
9		My Ja		MIN Y	ES NO	24035 STA	WWICK K	>		
30	14. FA	THER'S NAME LARES	MIDDLD ICKS LA		SARD	CATOLE	LAST			
1		VAS DECEASED EVER IN U.S. AR (ES, NOOR WAKNOWN) 1 (F YES, GIV	RMED FORCES? 16b. SOCIAL VE WAR OR DATES) 042-2	8-8343	INFORMANT FAM.	14 RELORDS	\$	with the		
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY:	by and (c) CARI	DIORESPIRATO			TE INTERVAL SET AND DEATH		
	20	51.03	TE CAUSE (d)	()						
		Canditians, if any, which	DUE TO, OR AS A CON	SEQUENCE OF	SEPSIS		0 3 4 6			
		gave rise to immediate cause (a), stating the	DUE TO, ORAS KON	SEQUENCE OF	NTESTINAL DB	STRUCTION SEC	ONDARY TO			
		underlying cause last.	(c) mulel	inel 061	teuclion 2	Volivilus	VOLVULUS			
	z	PART 2 OTHER SIGNIFICANT	· · · · ·	G TO DEATH BUT NO	4- 1	INAL DISEASE OR CONDITION	GIVEN IN PART TIG			
w 1944	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR V	UNICH OPERATION V	Scheme	DANGE OF THE PARTY	OCARDIAL IS	CHEMIA		
2	IFIC	THE DATE OF GREAT SERVICES	The controller	THE TOTE ENAMED TO	AS TENI ONNED		ERTIFYING CAUSES OF			
ã	CERT	210. ACCIDENT WAS UNDERLYING		21	c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE		110		
7	AL	OR CONTRIBUTING CAUSE OF DE.		H DAY YEAR						
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, C		LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
		220.1 certify that (X)(this haspi	ital) attended the deceased	fram6-27	19 82			at (X (we) last		
			view the bady after death.	19 02 and th	hat in (m K (aur) apınian d	death accurred an the date an	d have and fram the ca	uses stated		
		22b SIGNATURE	Do Seon	DEG	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DAJE SI	GNED 2		
1		22d. PHY ICIAN'S NAME (TYPE O	OR PRINT)	22	e ADDRESS	"	11/			
1		408E S. 0	de Leon		SI- JOSPI	H Hosp. You	ex Rd. Tax	ION MD		
	236. 8	REMATION, REMOVAL	7-10-82	White C	UN PLA MEM,	23d LOCK ION EIN ONTOWN	. COUNTY	STATE		
	24 FU	INERAL DIRECTOR	1 MI noel or	25x Charten	25a, DATE	REC'D. BY REGISTRAR 251	GISTRAD SIGNA	THE		
	1	-VHM) JUNEAN	CUHTAL OC	DU MANGERA	J	ון טווער איני		100.095		



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NE8 2

1703

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 26 HOUR (TYPE OR PRINT) Edna E. DONALD July 15, 1982 4:10 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Jan 8, 1903 YEAR White Female BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County Maryland U.S.A. DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (From in such facility, give street address)
Franklin Square Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE)
Home maker INDUSTRY Rossville 5005 Kenwood Avenue Baltimore 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? Maryland Overlea 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Wheeler Charles M. Bertha McCaulev 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 21206 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-52-8921 Edward J. Watson 7105 Greenwood Ave. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Gram negative sepsis IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Agranulocytosis Conditions, if any, which gove rise to immediate stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e, PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a 1 certify that (this haspital) attended the deceased from July saw the deceased alive or obove, (*(we) (did) (did) ha and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 9000 Franklin Square Dr., 21237 Jose Munoz

230. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

STATE

COUNTY

DHMH-16 50M 1/81 (VRA 15, 4) 24 FUNERAL DIRECTOR Funeral Homes, Inc. ADDRESS

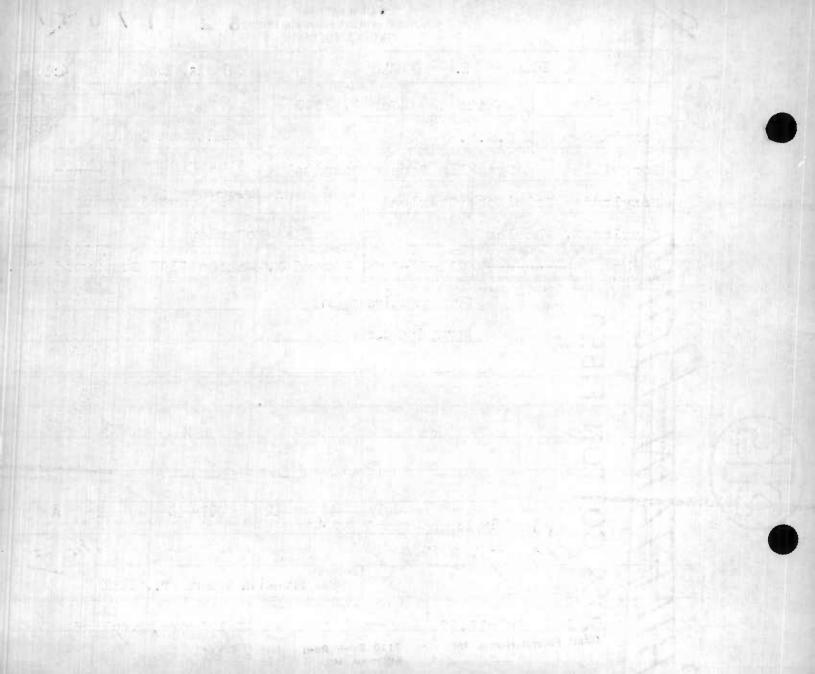
23b. DATE

Parkwood Cem.

Baltimore Maryland
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

7110 Belair Road Baltimore, Md

JUL 21 198



	1.	FOR - STATE REGISTRAR		DEPART	MENT OF I	E OF MARYLA HEALTH AND M FICATE OF D	ENTAL HYG	IENES 2	REG. NO	17	7 0	3 8	
		CEASED NAME FIRST		WIDDL		LAST		20 DATE OF DEATH MONTH DAY YEAR 26 HOUR					
	1.58	Janet	Ric	hards	7 2 1982 A								
		Female	Cauc	Cauc. 2		20 1913		69		YRS.	ONTHS DAYS	HOURS MIN	۷.
1	70. B	IRTHPLACE (STATE OR FOREIGN						9 BALTIMORE CITY OR COUNTY OF DEATH					
2	P	ennsylvania	U.S.	A.	MARRIE WIDOW		ARRIED -	_ 1					
1	10. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME			120. USUAL O	CCUPATIO	N	126 KIND O	F BUSINESS C	ND.
0		andallstown	Randal:	lstown C	onval	escent	Home		_	acher	industry Edu	cation	
1	USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d. INSIDE CIT	Y LIMITS?	13e. STREET A	DDRESS				_
2	_	aryland Bal		Timoniu			NO 🔀			idge l	Road	#2193	
2	14 FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S	MAIDEN NAM	WE	MIDDLE		145	1	
U		Russell	L.	Sha y			rma				Richa	ards	
			MED FORCES?	16b. SOCIAL SECU		17 INFORMAN	11		Pin	oniur	n, Md	. 2109	3
		No		195-07-	9401	Albert	I. Do	rsch,	2006	East	ridge l	Road	
	TION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, O		ENCE OF DEATH BUT								
1	CERTIFICATION	19a date of operation	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOF	NO 🗌	20b. IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?	
7		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE,	ATT .	M. MONTH DA	AY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTERNATI	JRE OF INJURY	IN ITEM 18 PAR	RT I OR PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE			211 LOCATION	7		CITY OR TOW	N T	COUNTY	STATE	
		22a I certify that (I) (this haspe saw the deceased alive an above, (I) (we) (did) (did no	61	20 10 4	\$2.0	nd that in (my) (, 19 40 our) opinion d	to, to	on the dot	e and hour		that (I) (we) lo	ost
		22b. SIGN Dulle	fre	m		PI	TENDING TYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICI		7/5	182	
		22d. PHYSICIAN'S NAME (TYPE)	SO N	,		22e ADDRESS	Va	Ros	40	سرر,			
	23c E	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	7/6/1			EMETERY OR CE Valley	Cem.	23d LOCAT	R TOWN	ill@	Balto.	Md.	
		UNERAL DIRECTOR NAME emmon-Mitche	11-Wied	ADDRESS			25a DATE	RECD. 8) RE	GILU DI 2	Sh RECISTRA	ARS SK WAT	URE .	

DHMH - 16 50M 1/B1 (VRA 15, 4)

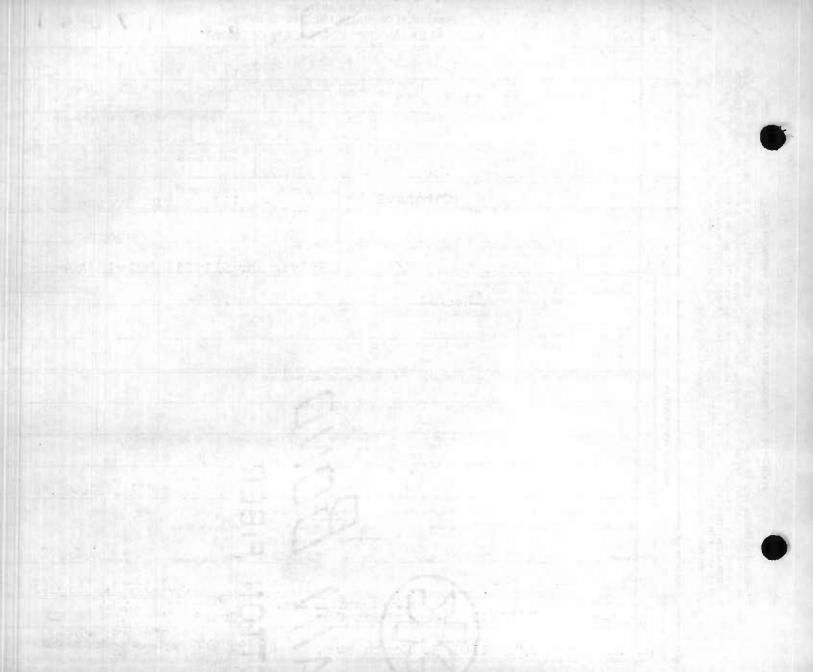
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Hotel To Hambell I with Lance Listering | Nandallatown Conveys card Prints | Salest Tangalan | Double | A Light Sales Talks. The sign of the sales and the sales a \mathbf{i} man series and the control of the co i . The state of the January Complete in the Complete St. Bernard St. Berna were the last of the street of re spit the action of the contract of the cont The second control of The Martin Color of the Sale Inches Company

2/	63	1-	FOR STATE REGISTRAR			DEPARTMENT O	FHEALTI	MARYLAND I AND MENTAL I CERTIFICATE (HYGIENE OF DEATH	REG. NO.	7 0	40
	1		CEASED NAME	FIRST	T	MIDDLE	N	LAST	2a. DATE OF	KNOWN DESTI-	MONTH DAY	YEAR 26. HOUR
	TOR. FILES. OURS FREET,	3. SE		OPHIA	ATE OF BIRTH	RESA 16. AGE (1		AGGINS		MATED X	MONTH DAY	19 82 M
	N TE E	L		MC	L2 28	YEAR LAST BIR	YRS.		MIN. PRONOU DE AL	NCED	7 27	1,82 2130
	STATES	70 B	IRTHPLACE (STATE O			HAT COUNTRY?	18	IED NEVER MARR	IED 9 BALTIA	AORE CITY OR	COUNTY OF	
	AND SON SON	Ma	ryland		J.S.A.	LCA	WIDOV	VED K	Balt	imore	Count	Y MD.
Į.	SI HOFE SO		ITY OR TOWN OF D		IF NOT IN SUCH FA	PITAL, NURSING HO	is)	HER INSTITUTION	FOR MOST OF WO	PATION (TYPE O	C	IND OF BUSINESS OR INDUSTRY
		USU	ndalk	NURSING HOME OF OTH	125 W	VE RESIDENCE BEFORE ADA			Secret	-	ME	State
21201	TH. IF ANY DELA 1, 2, AND 3 TO 2, S. RETAIN BE D 2 SHOULD BE MAL RECORDS		ryland	Baltin	nore	Dundal	k	13d. INSIDE CITY LIMITS? YES NO 🔀	3125 W	alford	Driv	re
WD.	H. 1.2.	14. F	ATHER'S NAME	MID	DLE	LAST		15 MOTHER'S MAID	EN NAME	MIDDLE		LAST
ORE,	O S A S O C		Valentin		FORCESS	Baum	DITY NO	Anna 17. INFORMANT		AT DE CA		gner
BALTIMORE,	URS AFTER DE B. GIVE PAGE WITH FORM T. PAGES 1 & DIVISION OF	(Y	es no, or unknown) No	(IF YES, GIVE WARD		218-07-			S. Bucht			a Avenue MD.21213
	O		18 CAUSE OF DEA	ATH (Enter only one	e couse per line		1	0.0	T T T T T T T T T T T T T T T T T T T	u bus		APPROXIMATE INTERVAL
N S	24 HOUR LITEM 18. LIONG W T PERMIT. GIENE, D		PARTIDEATH	WAS CAUSED BY: IMMEDIATE CA	USE (o) A	cute intro	cerel	nal temo	whage		50	THE TOTAL PROPERTY.
PRESTON ST	ITHIN 24 HOU ICIL IN ITEM 18 NER ALONG V AANSIT PERMIT AL HYGIENE, REMOVAL.		Conditions, if	ony, which	DUE TO, OR	AS A CONSEQUEN	CE OF	hered	inmaile	· diac		
	WITE WINE TRAN DR RE		gave rise to couse (o) stati	o immediate	(b) OR	AS A CONSEQUEN	E OF	ave cora	woodun	n chaea	se	
201	XECUTED WI JG" IN PENC JAL EXAMIN BURAL - TR AND MENT ATION, OR	7	lying cause los	st.	(c)							
DIVISION OF VITAL RECORDS, 201 W.	SHOULD BE EXECUTED SRO "FENDING" IN PER EUSED SAS A BURIAL- ICOF HEALTH AND MEI URIAL, CREMATION, CHAILL CREMATION, CHAIL SHOW SHOW SHOULD SHO		PART 2 OTHER SIGNIFICA	ANT CONDITIONS CONTR	IBUTING TO DEATH	BUT NOT RELATED TO THE	ERMINAL DISEAS	E OR CONDITION GIVEN IN PA	IRT 1 (a).			
RECO	PENE PENE PENE PENE PENE PENE PENE PENE	CERTIFICATION	19a DATE OF OPER	RATION	196 CONDIT	ION FOR WHICH O	PERATION V	/AS PERFORMED?			20	AUTOPSY?
/ITAL	SHOUL CHIEF E USED WRIAL	TIFIC										YES D NO
OF	CERTIFICATE SHOULD STING THE WORD, "PE RDED TO THE CHIEF A ER 3 SHOULD BE USED, I E DEPARTMENT OF HE DI PRICK TO BURRAL, C		210. EXTERNAL CA	USE WAS	216. TIME OF HOUR A.M	MONTH DAY Y	21c. H	OW INJURY OCCURR	D (ENTER NATURE OF IN	JURY IN ITEM 18 PAI	RT 1 OR PART 2)	
SION	SHOU TO	MEDICAL	CONTRIBUTING	CAUSE OF DEAT	H P.M	DE INJURY (AT HOME	71f I.C	CATION				
DIV		WE	WHILE NO	OT WHILE		ORY, FARM, ETC.)		STREET	CITY OR TO	NWO	COUNTY	STATE
	12 8 8 8 E				the remoins des	cribed above, held a	n Autor	sy . Inspection	Inquiry	and	in my apinion	
	MANE READ YLAN		death resulted fro	om: Natural ca	uses 🗵	Accident .	Suicide _	Homicide .	Undetermined m			-/ /
•	EXAMINER: CERTIFICATI DUE BE FOR DIRECTOR: A WITH THE		ACTUAL	Cimua.	110	movan		TITLE (SPECIFY)			DATE	(27/4)
	SHO SHO SHO SHO SHO SHO SHO SHO		SIGNATURE	C304400	N O Y		^	I.D. BREGICO	MEDICAL EXA	MINER	SIGNED	102
	TO MEDICAL EXAMINER. EXECUTE THE CERTIFICATION OF A SHOULD BE FOR TO FUNETORS. TO FUNETAL DIRECTORS. A PETER DEATH, WITH THE BALTIMORE, MARYLAND	_	EXAMINER'S NAM (TYPE OR PRINT)	EJ. CROSSA	an O. Pr	MOVAN		ADDRESS 2112	DUNDALK	AUE., E	BALTO, 1	M. 21222
NO	522548_	23a.B	URIAL, CREMATION					OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	BP	24 F	UNERAL DIRECTOR	tion 7/			en Mo	unt 1250. DATE	Baltim REC'D. BY REGISTRA			aryland
	DHMH - 17	1						ILDE. UAIL	REC U. DI REGISTRA		RARY SIGNA	134958

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1-	FOR STATE REGISTRAR			ND MENTAL HY	DEATH REG. NO	704
1. DE	CEASED NAME FIRST	ank D.	Du	vall J	20. DATE KNOWN	MONTH DAY YEAR
3. SEX	RACE Black	5. DATE OF BIRTH NONTH DAY 11 21 63 18	BIRTHDAY) MONTHS YRS.		HRS. 24. DATE PRONOUNCED DEAD	7 26 1982
70. B FG	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED DIVORCED	Baltimore city of	ore County
O 10 C	Catonsville	11 NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD 211A Melvin Av	ress)	NSTITUTION 12	USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	PE OF WORK 12b KIND OF BU OR INDUSTI
5 13a. S	MD 136 CC	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE, UNITY 132 CITY OR TO Catons	ville y	ES NO M	e STREET ADDRESS 211 Melvin	Avenue
	ATHER'S NAME FIRST Frank WAS DECEASED EVER IN U.S.	Duvall ARMED FORCES?	Sr.	MOTHER'S MAIDEN I FRST Sylvia INFORMANT	MIDDLE	Osborne
5 (1		SIVE WAR OR DATES)			ivall 211 M	Carlot Village
				CONDITION GIVEN IN PART 1	(a),	
RTIFICAT	19a. DATE OF OPERATION 71a EXTERNAL CAUSE WAS	196 CONDITION FOR WHICH				20 AUTOPSY
MEDICAL CERTIFICATION	UNDERLYING OR CONTRIBUTING CAUSE OF THE CONTRIBUTING CAUSE OF THE CONTRIBUTING COURRED WHILE AT WORK AT WORK	OF DEATH 2 M. MONTH DAY 7 M. 7/26 21e PLACE OF INJURY (AT HISTREET, FACTORY, FARM, ETC.)	YEAR 19 82 found OME, 211 LOCAT STREET	hanging l	oy neck city or town nue, Catonsvi	COUNTY
	220 I certify that I took ch	narge of the remains described above, helioturol causes , Accident ,	d an Autopsy Suicide XX	Homicide .		nd in my opinion
ONE WANTAND	ACTUAL SIGNATURE UUT	gina L Dolan		Assistant	_MEDICAL EXAMINER	DATE SIGNED 7/26/82
73a.B	URIAL, CREMATION, REMOVA	rginia L. Dolan, M.D. AL 236 DATE 236. NOT	of Angunders	tem ACREMA	Street, Balti	more, MD 2120
17 24. F	Burial UNERAL DIRECTOR NAME	7/31/82 Wood	stock Ce		D. BY REGISTRAR 250 EG	ISTRANG SIGNATURE



1/	1.	FOR STATE	DEPARTMENT	OF HEALTH AND MEN	TAL HYGIENE 2	17042
4	-	REGISTRAR		AINER'S CERTIFICA	KEG.	
9 4 1 2 L		ECEASED NAME (PE OR PRINT)	E. S N	DUVALL	20. DATE KNOWN OF ESTI- DEATH MATED	10/_ 1/_ /7//_17.40
N STANDARY N STREET	3. SE	M BLOCK	5. DATE OF BIRTH YEAR 6 AGE	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	HOURS MIN. PRONOUNCED DEAD	MONTH DAY YEAR 2d HOUR
POR YOUR YOUR PRESTOR	5 70.1	SIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVE	R MARRIED 9. BALTIMORE CIT	Y OR COUNTY OF DEATH TIMERE CO. MD.
AY IS N PAGE 5 PAGE 5 SOI W	10 0	OVER LEA	11. NAME OF HOSPITAL, NURSING H	OME, OR OTHER INSTITUTION		TYPE OF WORK 12b. KIND OF BUSINESS
PRE, MD. 21201 DEATH. IF ANY DELAY IS NECESTS 1, 2, AND 3 TO THE FUNERAL AND 3. RETAIN PAGE 5. FOR YAMAD 2. SHOULD BE FILED, WITHIN DE, WALL RECORDS. 201 W. PREST	USU 130.		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ALL IS CITY OR TO	VN 13d. INSIDE CITY	LIMITS? 13e. STREET ADDRESS	nden Ave.
E, MD. 2 ATH. IF. S1, 2, 7 PM 3. IND 2 SH VND 2 SH	14.1	ATHER'S NAME	MIDDLE LAST	15. MOTHER'	S MAIDEN NAME MIDDLE	Nevitt
FTER FOR SES 1	160.	WAS DECEASED EVER IN U.S. AR YES, NO. OR UNKNOWN) (IF YES, GIVE		URITY NO. 17. INFORMA	man Ouvall 25	ESS
		10. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly ane cause per line for (a), (b), and (c) DBY. ITE CAUSE (a) Out TO OR AS A CONSSOUR	10501500	THE CARRIED	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST ITHIN 24 HO CIL IN ITEM 1 VER AND TERM AL HYGIENE, REMOVAL.		429 2 IMMEDIA Conditions, if any, which	DOE TO, OK AS A CONSECUE	VCE OF DISE	ASE	0 3-02-07-
¥ ××××××××××××××××××××××××××××××××××××		gave rise to immediate cause (a) stating the <u>under</u> lying cause last.		NCE OF		
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L EXAMNER: E CETTIFICATE OUID BE FOR IL MITH THE WARYLAND,		ACTUAL SIGNATURE	Momera	MD DEP	MEDICAL EXAMINER	DATE SIGNED SUL 12, 1982
TO MEDICAL EXAMINER FECUTE THE CERTIFICAT DAGE 4 SHOULD BE FOI TO FUNEAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND	2	EXAMINER'S NAME PA	LF GUERI.	ADDRESS	13/11 WESTERM COCKEYSVILLE	I RUW RD
AB EXEC TO PE AFTER BAITIN				F CEMETERY OR CREMATOR		COUNTY STATE
DHMH - 17	24	FUNERAL DIRECTOR	ADDRESS.	25	a. DATE REC'D. BY REGISTRAR 25b. RI	EGISTRAR'S SIGNATURE
(VR A15 ME (5)) 15M 2/80	h	om, C. Marc	H 19 11 119 4.	. North	JUI 15 1982 7	ince an lather

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	emale	RACE White	5. DATE OF BIRTH MONTH DAY 1-13-82	YEAR LAST BIRT	YRS. 6	B DAYS	HOURS MIN	PRONOUNC DEAD		MONTH 7	21 1982	7 1
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(Da	THER'S NAME	Wa	yne middle	Eckert		Eve	S MAIDEN NA Lyn	ME T			Pasto	or
160. W (YE:	AS DECEASED I S. NO. OR UNKNOW NO	EVER IN U.S. AR/	WED FORCES? WAR OR DATES)	166. SOCIAL SECU	RITY NO.	Daniel		kert 176	ADDRESS 37 Ba	ck bo	ne Rd :	21120
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MEDICAL CERTIFICATION	19a DATE OF C	PERATION	196 CONDIT	ION FOR WHICH OF	ERATION W	AS PERFORM	ED?				20 AUTOPS	
		OR G CAUSE OF D	DEATH P.M.	MONTH DAY YE	AR		CCURRED (EN	TER NATURE OF INJUI	RY IN ITEM 18 P.	'ART I OR PA	RT 2)	
1 10 1	21d INJURY OC WHILE AT WORK			PFINJURY (ATHOME, DRY, FARM, ETC.)		TREET		CITY OR TOW	N	со	NINTY	STATE
	220. I certify death resulted		e of the remoins descrated all causes		Autop Suicide	, Homicid	ECIFY)	, Inquiry [d in my op		1/82
73a, BU	ACTUAL SIGNATURE_	Um	NY		M	Ass	istant "	NEDICAL EXAMI	NER	SIGNE	ED	1702
22. 61	SIGNATURE EXAMINER'S N (TYPE OR PRINA			n, M.D.		ADDRESS	111 Pe	nn St.		to.,		1702
2 (SF	SIGNATURE EXAMINER'S N (TYPE OR PRINA	ON, REMOVAL 2		23c. NAME OF	CEMETERY O	ADDRESSR CREMATOR	111 Pe		Baid	signe to., cour	MD.	state ryland

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y be	11116		AZE	EL	M.	E	ED.W	VARDS	3101	July 2	6, 19	82		7:4	40 M
	3. SE	(4. RACE		5. 0		F BIRTH		AGE IN YEARS	LAST BIRTHDAY)	IF UNI	DER I YEAR	IF UNDER	R 24 HRS
(max)		Female		Whi	te	V	Nay		EAR	87	Y	RS.	DATS	HOURS	MIN.
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1 15 35		Maryland			USA		DOWE			Balt	imore	Cour	ntv		MD.
p age	10. CI	TY OR TOWN OF DEATH	1		HOSPITAL, NE	URSING H	OME O	ROTHER INSTITUTION	ON	12a USUAL OCC	CUPATION	12	b. KIND O	F BUSIN	ESSOR
by the fi	L	utherville		Holly				ursing H	ome	Home			Own	Hor	me
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YLA Ithin 2 sh		THER'S NAME					_	15. MOTHER'S MAIL		E		1 100			
d w bindle	1	. Ridgawa	v	AIDDLE	Merry			Sue		в.	IDDLE	Tax	/lor	Ţ	
Col		AS DECEASED EVER IN	U.S. ARA	AED FORCES?	166 SOCIAL		NO.	17. INFORMANT			ADDRESS				
MORE e execu	(1	ES NO OR UNKNOWN)	IF YES, GIVE	WAR OR DATES)	RRR	6926	70	Mrs. M	ladele	eine M	. Wea	kley.	100	Sar	me
ALT te b te b sicion oers.		18 CAUSE OF DEATH	Enter only	y ane cause pe	r line far (a), (b), and (c).	11						APPROXI-		
ST., 8AL aphysici onpoper emavol.		PART I. DEATH WAS	CAUSED	S BY: E CAUSE (a)		rabe		nessande	al 1	whow	tun		m	enn	6
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is that the death ce by the attending lease remove corb rial, cremation, or or or ather traumatic		gave rise to immer cause (a), stating underlying cause			R AS A CON								0	/	
quires the signed Then plecto buriol nijury, or	NO	PART 2. OTHER SIGNIF	ICANT C		ONTRIBUTING	G TO DE AT	TH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEASE O	R CONDITION	N GIVEN I	PART 1	0	
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SICIAN ng phy certific oriol-truental them 1		OR CONTRIBUTING CAL			.M. MONTH	H DAY	YEAR 19								
SION OF VII PHYSICIAN: this certifica the buriol Hy d or Rem 18	MEDICAL	21d. INJURY OCCURRED		21e. PLACE	OF INJURY	-		211. LOCATION			TY OR TOWN		COUNTY	0	STATE
DIVISI or other or other the e os the olth and marked	¥	WHILE NOT WHILE		(AT HOME, ST	TREET, FACTORY, O	OFFICE, FARM	ETC }	SIRCET			- 4				
O O E		22a.1 certify that +++ (t)	his haspit	al) attended t	he deceased t	fram		1/11 19.	82	_, to	7/26	, 19	82	that (th	(we) last
TTEN pitol TOR: for us of He		saw the deceased above, 41 (we) (did	alive an	view the bad	v after death	19	, an	d that in (my) (aur)	apinian d	eath occurred a	n the date an	d hour and	I fram the	couses s	toted
OR A DIREC Coched Dept.		27b. SIGNATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 0	7		[DEGREE					22c. DATE	SIGNED	
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TO HOSPITAL (TO FUNERAL I should be deto with the State I		Dr. Dona	ald T	r. Wed	glein,	M.D		222 W	. Co	1d Spr	ing La	ine,	Balt	0.,	MD
7 5 7 4 3 W		BURIAL, CREMATION, RE	MOVAL	23h. DATE		23c NAM	E OF C	EMETERY OR CREMA	ATORY	23d. LOCATIO		cor	UNTY	1	STATE
71 -BP	(Cremation		7/28	3/82	Gr	een	Mount		Bal	to.,		M		
DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR HE	enry	W. J Balt	enkins	RES& S	Sons 212	5 00.	250. JATE	RE 209 198	PRARDS RE	GISTRAR	SIGNA	Mith	in

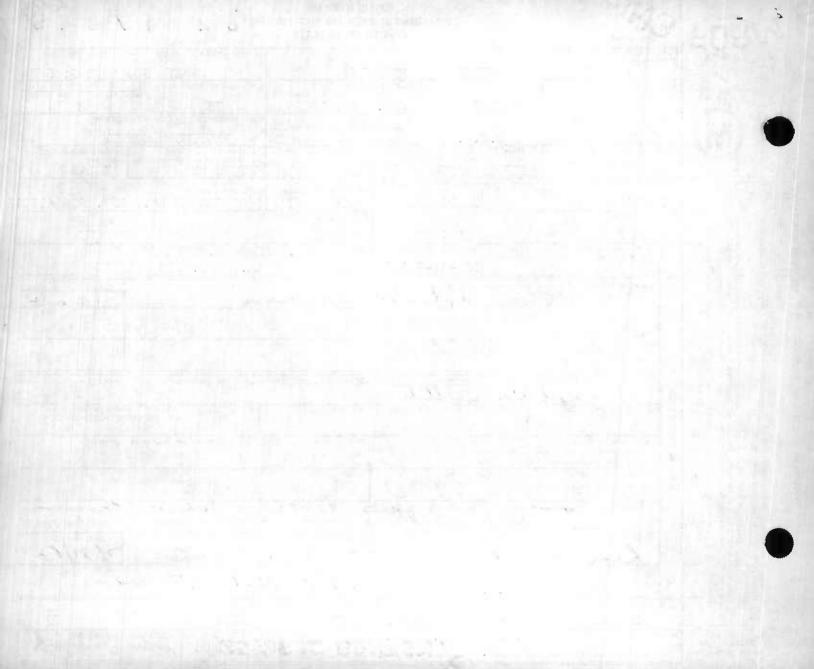
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

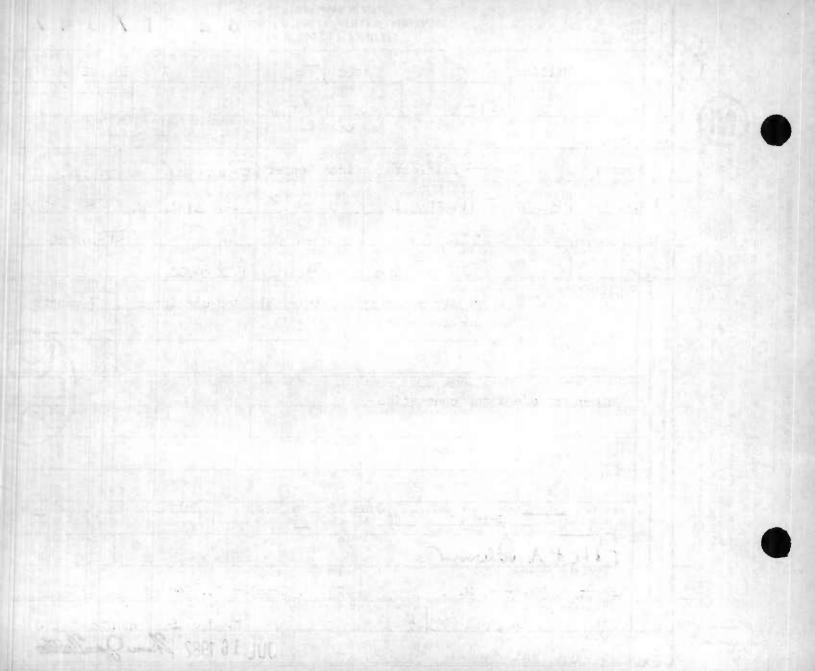
FOR

- STATE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS REGISTRAR REG. NO 1. DECEASED NAME 7a DATE KNOWN (TYPE OR PRINT) J. Robert Esher, Jr. ESTI-DEATH MATED SEX 4. RACE 5. DATE OF BIRTH & AGE IN YEARS IF UNDER 1 YR JE UNDER 24 HRS DATE Male White PRONOUNCED May 20, 1922 DEAD 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTA NEVER MARRIED Washington, D.C. U.S.A. DIVORCED Baltimore ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE)
Engineer Greater Baltimore Medical Center Towson AAI JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 818 Trafalger Road 3a. STATE 1136 COUNTY 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore Maryland Towson NOX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST T. PAGES 1 AND DIVISION OF WI Esher, Sr. Sheetz E Robert Margaret 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Elizabeth P.S. Esher, Same As #13e 578-18-8842 YES WW11 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c APPROXIMATE INTERVAL CAL EXAMINER ALONG W BURIAL - TRANSIT PERMIT. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)-Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. USED AS A B 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21201 PRIOR TO BURIAL NO [VRITING THE WOR ARDED TO THE CH GE 3 SHOULD BE U 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PARTY HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21f LOCATION TO MEDICAL EXAMINER: THIS CEF EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK 220 I certify that I taak charge of the remains deserted above, held an Inspection and in my apinion Natural causes Undetermined manner Charles F. O'Donnell M.D. 7501 York Raod, Towson, Md. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Baltimore, Maryland Loudon Park Crematory 7-8-82 Cremation BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 20 REGISTRAR 1050 York Rd. **DHMH - 17** Ruck Towson Funeral Home, Inc. Towson, Md. 21204 (VR A15 ME (5)) 15M 2/80

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- STATE

I. DECEASED NAME

REGISTRAR

Owings Mills, Md. ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY , and that in (my) (our) opinion death occurred on the date and hour and from the couses stated 22c. DATE SIGNED Dulaney Valley Gardens Cockeysville, Md. July 28,82 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 Eline Funeral Home Reisterstown, Md. 21136 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

26 HOUR

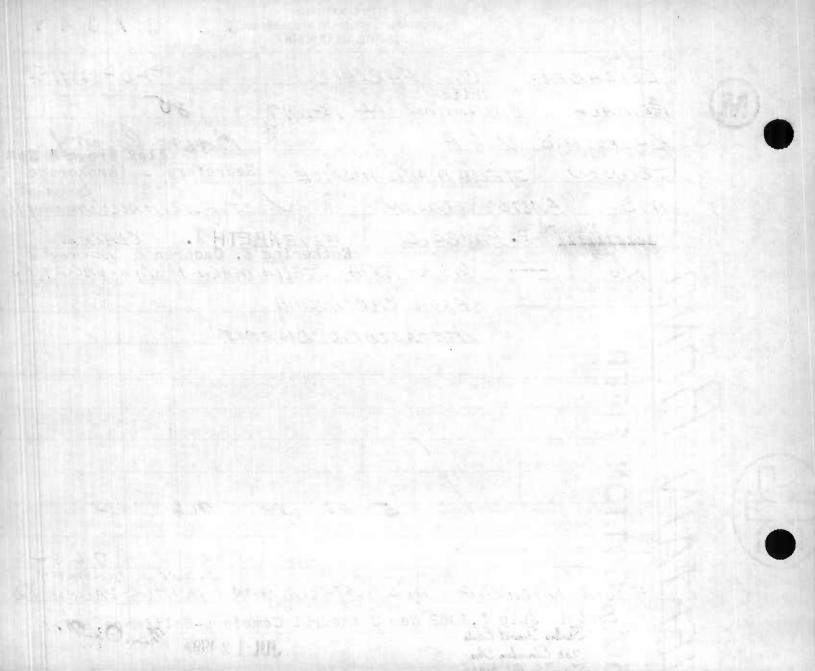
12b. KIND OF BUSINESS OR

IF UNDER I YEAR

20 DATE OF DEATH

ENGLISH DEPOSIT OF THE RESERVE OF THE PROPERTY THE ROOF, IN ARREST in the state of th Loriza B. Laure Street 1110 Electric 232-10-9676 Fr. Relat I. Syre Colones Miles Dis. Hill the land of t The second of th Agir and a linker trailing the state of the risk the Propertion Sold State and State

STATE OF MARYLAND



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral disperse should be detached for use as the burial-transit permit. Then please remove corbon papers: Pages I and 2 should be then thin 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If them 21 is marked or item 18 shows ony injury, or other transmissing the medical promonyments.
Teto Teto

STATE OF MARYLAND FOR - STATE

uneral Service P. R. Westernport Md.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH

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}	2	- 1		U	3	- U
			- 3			

4. FATHER'S NAME JESSIE 60. WAS DECEASED EVER IT NOOR UNKNOWN) 18. CAUSE OF DEATH PART I. DEATH WA	Erma Mar 4 RACE OREIGN / LOTIZEN OF TH 11. NAME OF (IF NAME OF (IF NAME OF LIFE) MIDDLE N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	White WHAT COUNTRY? S. A. HOSPITAL, NURSING HACHER OF SPEEL GIVE RESIDENCE BEFORE 13c. CHY OF IGNA LAST MOTGAN 16b. SOCIAL SECUR 212-22-4	NBAKE 5. DATE COMONTH 8 8 MARRIEU WIDOWE G HOME O GHOME O GH	PERITH 12 1909 DI NEVER MARRIED DE DIVORCED DE DIVORCED	9 BALTIMORE CITY OF BAILTIMON 120 USUAL OCCUPATION WORK FOR MOST OF DOMESTIC 130. STREEP PRESS	MONTH DA 1982 THDAY) YRS. THOOLY YRS. THOOLY YRS. THOOLY YRS. THOOLY YRS. THOOLY YRS. THOOLY YRS.	DE LINDER I YEAR DAYS DE DEATH	9:31 F IF UNDER 24 HRS HOURS MIN ME BUSINESS O USEWIF
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226. SIGNATORE	Suare	MP	C	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	FIAN	72c. DATE	SIGNED 2-82
22d PHYSICIAN'S NAA	SUARE	そ	a et	22e ADDRESS 9000 Frankl	in Square D	r., 21	237	

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DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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'	REGISTRAR				CERTIF	ICATE OF DEA	ATH	REG. NO	D.		
	CEASED NAME	FIRST	A	AIDDLE	L	AST		20 DATE OF DEATH		DAY YEAR	26 HOUR
(111	CORPRINT)	ROBERT	TZ	AYLOR	FEN	NEMAN		JULY 7, 19	82		5:44 A M
3 SE	X	4	RACE		5. DATE C			6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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	gave rise to in cause (a), stat	ing the		R AS A CONSEQUE						1337	
	underlying caus	e last	(c)								- 10-4
7	PART 2 OTHER SIG	SNIFICANT CO	NDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CONE	ITION GIV	EN IN PART 1	0
OF.			1								
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	saw the decea abave, (1) (we)			ofter death.	2, on	d that in (my) (au	ir) opinian c	death accurred on the do	ite and hou	or and from the	causes stated
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		0.	un	26 Mm			SICIAN [MEDICAL STAF		7/7	/82
	22d. PHYSICIAN'S N	AME ITYPE OR	PRINT			22e. ADDRESS					
	CAROLIN	A C CI	ISTODIO	M.D.		V.A. ME	DICAL	CENTER, FO	RT HC	WARD, A	1D 21052
23a	BURIAL, CREMATION		23b. DATE	23(N	AME OF C	EMETERY OR CRE	MATORY	23d LOCATION		COUNTY	STATE
_	Burial		7/12/8	32 Cu.	lpepe	r Nat'l.		Culpeper		lpeper	VA
	UNERAL DIRECTOR			ADDRESS				REC'D BY REGISTRAR	REGIST	AR SIGN	A Cham
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DHMH - 16 50M 1/81 (VRA 15, 4)

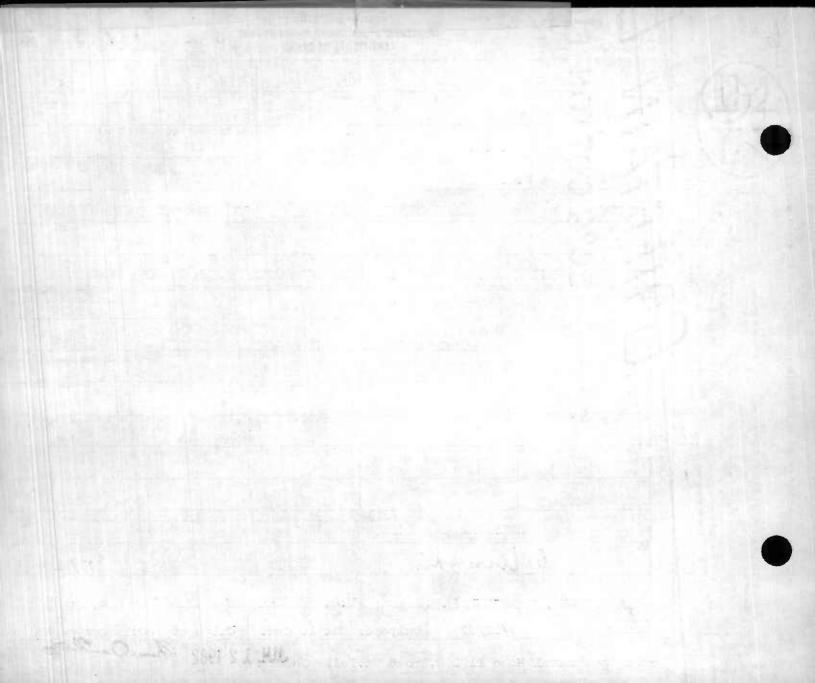
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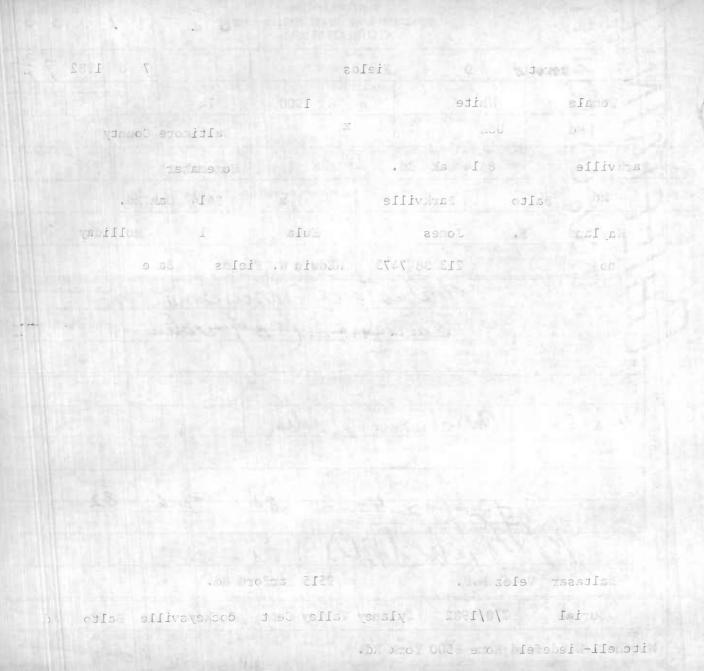
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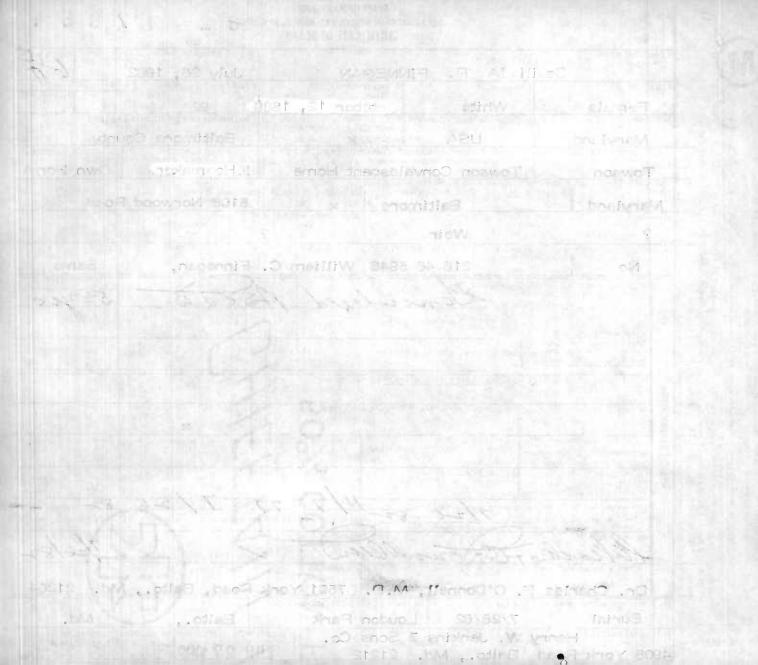
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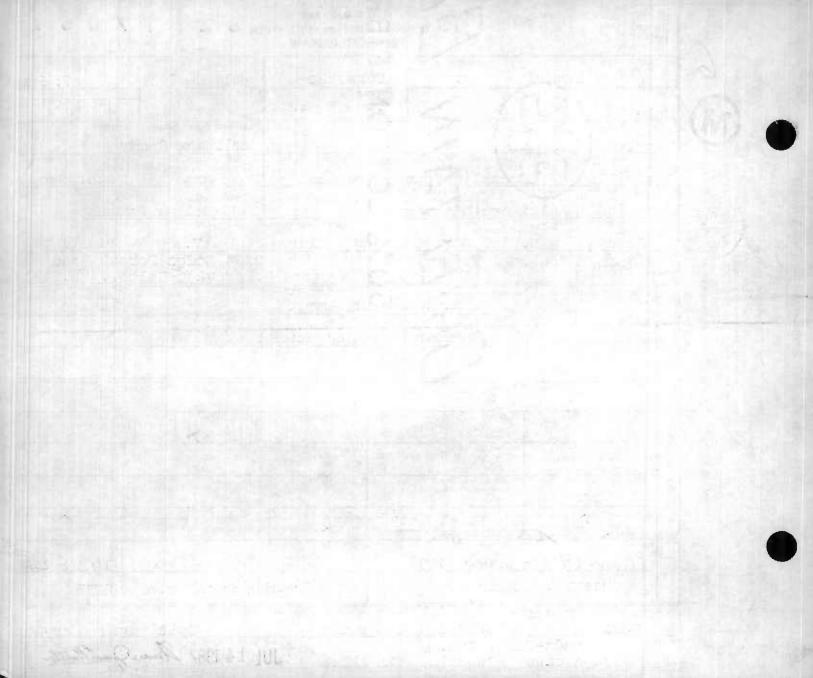
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ote Dept. T: If Item		22b. SIGNATURE	mida	the C.K.	huli	REE HD ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE SIG	NED
ATAN ATAN		22d. PHY 14 PA	770	· KAHA	TROOT	The ADDRESS	1		2	1/2 2

DHMH - 16 50M 1/B1 (VRA 15, 4)

7-31-82 23d. LOCATION 250. DATE RECD. BY REGISTRAN 256, REGISTR 24 FUNERAL DIRECTOR

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Second S	death	(TYPE		rd J.	Fo	orsythe	July 13, 198	32 7:45
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No 213-07-3764 Lawrence E.Forsythe-Balto., MD.2121	\$50		Joseph	L. Fo:			a V.	Vinson
No	0				CIAL SECURITY NO.	17 INFORMANT	2204 L0්රීල්ම	Forest Road
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270.1 certify thor % (this hospital) gheaded the deceased from June 29 19 82 to July 3 19 82 this % (we) lost 19 19 19 19 19 19 19 1		X	WHILE NOT WHILE	(AT HOME STREET FACTO	ORY OFFICE, FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE
sow the deceased alive an outy 13 19 82, and that in [Ma (our) opinion death occurred on the date and hour and from the causes stated above, Mineral Country and the courses stated above, Mineral Country and the course stated				pital) attended the decea		29 19	82 to July 13	19 82 that (we) (
2226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF TOTAL STAFF TOT	21 is					nd that in ((our) o	pinion death accurred on the date an	hour and from the causes stated
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230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 7/15/1982 Oak Lawn 230 DATE REC'D BY REGISTRAL DIRECTOR Duda-Ruck, Inc. 250 DATE REC'D BY REGISTRAL DIRECTOR DUDA PRICE DURANT DE NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAL DIRECTOR DUDA PRICE DURANT DE NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAL DIRECTOR DUDA PRICE DURANT DE NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAL DIRECTOR DUDA PRICE DURANT DE NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAL DIRECTOR DUDA PRICE DURANT DE NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAL DIRECTOR DUDA PRICE DURANT DE NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAL DIRECTOR DUDA PRICE DURANT DE NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAL DIRECTOR DUDA PRICE DURANT DE NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAL DIRECTOR DUDA PRICE DURANT DE NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAL DIRECTOR DUDA PRICE DURANT DE NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAL DIRECTOR DUDA PRICE DURANT DE NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAL DIRECTOR DUDA PRICE DURANT DE NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAL DURANT DE NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAL DURANT DE NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAL DURANT DE NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAL DURANT DE NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAL DURANT DE NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAL DURANT DE NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAL DURANT DE NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAL DURANT DE NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAL DURANT DE NAME OF CEMETERY DE NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAL DUR			Elippa 14	Bankmor	mn	ATTEND PHYSIC	ING MEDICAL STAFF	7/13/82
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236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN COUNTY STATE	ğ		a Elissa G.	Basnner, M.	υ.	9000 Fr	anklin Square Dri	ve 21237
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7922 Wise Avenue Dundalk, MD. 21222 JUL 14 1987	81	24 FI					O DATE REC'D. BY REGISTRAR	DISTRAR'S SIGNATURE
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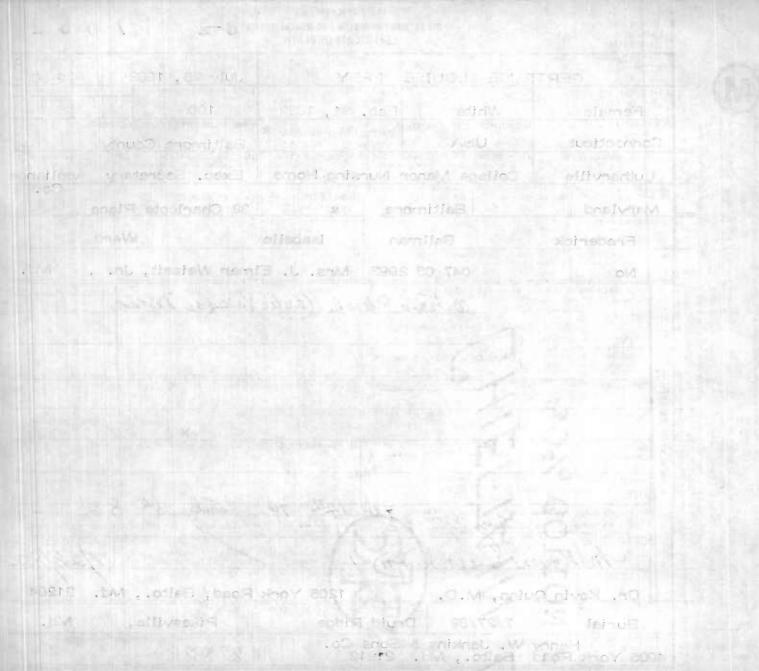
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME OF ESTI-(TYPE OR PRINT) 7-3-82 DEATH MATED JOSEPH FREED 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. 3 SEX IE UNDER 24 HRS DATE 66 YRS PRONOUNCED White Nov. 19, 191 Male DEAD BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRYS USA Pennsylvania WIDOWED [DIVORCED Baltimore County IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 176. KIND OF BUSINESS OR INDUSTRY Barber Maryland Line Interstate 83-Maryland Rt. 439 Hair Cutting 81 Cherokee Avenue 17135 138 COUNTY CITY OR TOWN 13d. INSIDE CITY LIMITS? pennsylvania Dover 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Charles M. Freed Lucy 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. ADDRESS 183-18-7196 Larry Freed 2556 Manor Rd. York, Pa. WW = 218. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) CATE, WRITING THE WORD "PENDING" IN FLANDER ALONG WE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WE PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, IND. 21201 PRIGR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple blunt injuries to head. trunk and Conditions, if ony, which (b) extremities gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES JA NO [] 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING XXOR driver of auto/auto collision CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. TO MEDICAL EXAMINER: THIS CER EXCUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 S AFTER DEATH, WITH THE STATE DEF BALTIMORE, MARKIDAND, 21201 PR Interstate 83 justans/100 f STREET, FACTORY, FARM, ETC.) Balto. Co., Md. WHILE NOT WHILE AT WORK hawy. AT WORK Maryland Rt. 220 I certify that I taak charge of the remains described above, held an and in my opinion Accident XX Homicide death resulted from: Natural causes Undetermined monner TITLE (SPECIFY) ACTUAL SIGNED 7-4-82 ssistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT Penn Street 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATOR Burial 7/7/82 Conewago Chapel Cem Conewago Township, Adams, P. BP. 24 FUNERAL DIRECTOR DHMH - 17 S. Emig Funeral Home, Dover, Pa. 17135 GRANCES) (VR A15 ME (5))

20M 4/82

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A			TRUDE	LOUISE	FR	EY	July 2	5, 1982	2	2:00
1	3. SE	X	4 RACE		5. DATE OF	F BIRTH DAY YEAR	6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAY	
		Female	Whi	te	Feb.		100	YRS.		, nouns
i ke	70 B	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE C	ITY OR COUNT	Y OF DEATH	
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MI)		FEMALE	CAUC,	MONTH 9/19/05 YEAR	81	YRS.	
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Lassahn Funeral Home, 7401 Belair Rd

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230 BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION
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BURIAL 07-12-82 LOUDON PARK BALTIMORE CITY MARYL 24. FUNERAL DIRECTOR 21.2.2.0 1250 DATE REC'D. BY REGISTRAR1250
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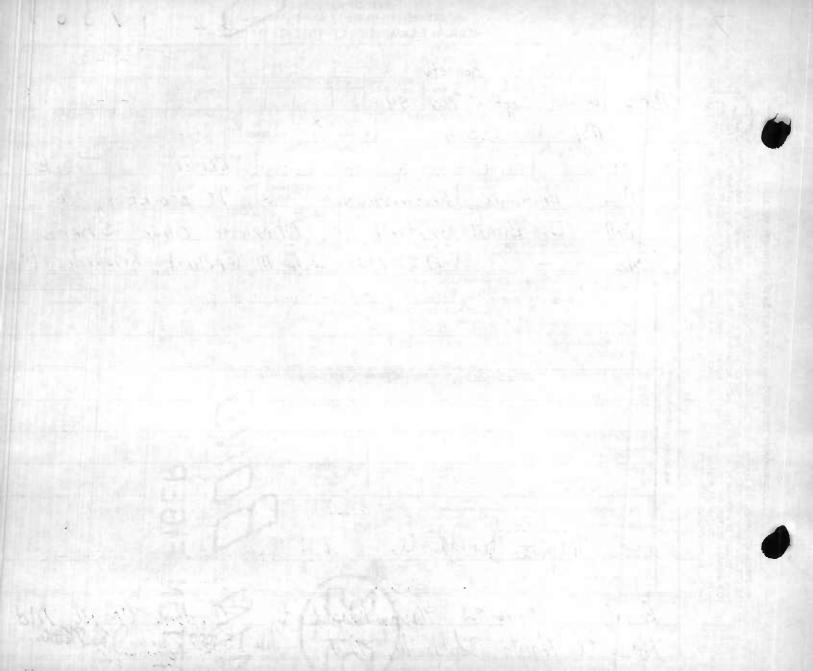
FOR STATE REGISTRAR STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

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				STATE OF MARYLAND	- / 0
	7	1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 6 9
		1	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.	7 7
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	RECTOR. UR FILES. 2 HOURS			RON Kennett GARTRELL DEATH MATER LI	19 M
	APE SE	3. SEX	1 RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	DAY YEAR 2d HOUR 9:47P
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Ö	THE WE NOT THE WATER STATES	Ö	UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	1 2)
ON	PAR DO SE	13	CONTRIBUTING CAUSE OF D		
S	CERTIF DED TO 3 SHC DEPAR	MEDICAL	21d. INJURY OCCURRED	216 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COULD	INTY STATE
ă	HIS C WRIT ARD AGE ATE I	2	AT WORK AT WORK] Sixter, (Action), (Akm, Etc.)	NIT STATE
	MERE, THIS CERTIFICATE SHOULD BE EXECUTED AATE, WRITING THE WORD "PENDING" IN P FORWARDED TO THE CHIEF MEDICAL EXA OWE, PAGE 3 SHOULD BE USED AS A BURAL. HE STATE DEPARTMENT OF HEALTH AND MUD, 21201 PRIOR TO BURIAL, CREMATION,		THE STATE OF THE S		
	AND		226 I certify that I took charg	ge of the remains described above, held an Autopsy 💹 Inspection 🗌 , Inquiry 🔲 , and in my opi	nion =
	ME MET A		death resulted from: Notur	ral couses XX. Ascident, Suicide Homicide Undetermined monner	
	EXAMI CERTIFI JLD BE DIREC WITH AARYL		01/01/12	TITLE (SPECIFY)	
	A. A.		SIGNATURE WOULD	PT IND I A I A I A I	7-13-82
	SHO SHO		SIGNATURE STEERS	M.D. LISSES FAITE MEDICAL EXAMINER SIGNEL)1-15-02
	AMEDIC CUTE 3E 4 S FUNEI FINOI		EXAMINER'S NAME	raprita A Varall M.D. 111 Dans Chroat	
200	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2			rgarita A. Korell, M.D. ADDRESS 111 Penn Street	
00	EDSE49	73a.B	URIAL CREMATION, REMOVAL 2	236. DATE 234 NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OF 19WN	TY STATE
	BP		150 minl	1-16-82 Maran (KARI, Center Wordham CAM	ML TYM.
		24. F	UNERAL DIRECTOR	ADDRESS ADDRES	GNAMY
	DHMH - 17 (VR A15 ME (5))	1	TAM. 41) Y/	ADDRESS JAMES TO 10 15 1982 Frances Ja	an known
	20M 4/82	-	WWW W. AT	min seguently, 1141.	



Me Willy Funeral Home, 237 E. Patapsco Ave. Balto

- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🛠

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IMPORTANT: If them 21 is marked at them 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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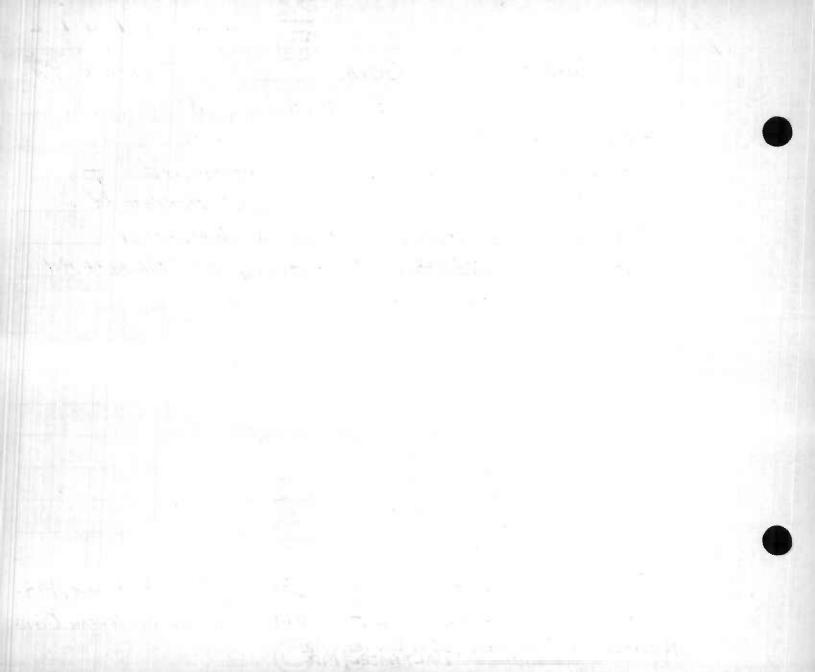
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ı		REGISTRAR				CERTIF	CATE OF DEA	111	REG. N	10.	-		
		CEASED NAME ORPRINT)	JACK		widdle G	TERS!	+MAN		20 DATE OF DEATH	2 03-	82	12 P	M
1	3 SEX	X		4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BI		ONTHS DAYS	IF UNDER 24 HRS	_
1		MALE		WHITI	3	MAY		14	68	YRS	DATS	HOURS MIN.	
4	a. Bl	RIHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTR'	Y? 8 MARRIEI	NEVER MARI	RIED 🗆	9 BALTIMORE CITY OF BALT IN		OF DEATH		_
7		MARYLAND		U.S.A		WIDOWE	D DIVOR	CED 🗌	Cour	22		MI	D.
1	D.	TY OR TOWN OF E	DEATH		HOSPITAL, NURS HEACILITY, GIVE STRE		R OTHER INSTITUT	ION	128 USUAL OCCUPAT		126. KIND O	OCTAT	
4	14	MUALLS	Town		MORE COU		VERAL HOS	PITA	PROGRAM A	NALYST		ITY ADM	
	13a S	AL RESIDENCE (IFN TATE ARYLAND	13b. COUN BALT		13c. CITY OR TO BALTIM		13d INSIDE CITY L	IMITS?	13e. STREET ADDRESS 3 STONEHE	ENGE CI	RCLE A	208) PT.6	
	14. FA	THER'S NAME		MIDDLE	LAST	T	15. MOTHER'S MA	IDEN NAM	MIDDLE MIDDLE		LAS:	ī	_
		BENJAMI			GERSHMA		MOLLIE				HNKN	OWN	
1		VAS DECEASED EV (ES. NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	16b. SOCIAL SE	CURITY NO.	MDS MAD	TE T			EHENGE	CIRCLE	
	Y	(ES	WWII	ARMY	219-03	-4169	PIKO. PIAK	IL I.	GERSHMAN	APT.6	(21208)		
		18 CAUSE OF DE PART I. DE ATH	ATH (Enter on	ly one couse per				n	MT	AIR	BETWEEN C	MATE INTERVAL ONSET AND DEATH	_
1		1150		E CAUSE (0)	CISTUDI	OPUL	miniory	142	183				_
1		72/2	>	DUE TO, O	R AS A CONSEO	UENCE OF					120		
I		Conditions, if o		(b)							-		_
ı		cause (a), sta underlying car		DUE TO, OI	R AS A CONSE O	UENCE OF							
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١	Z O	PARI 2 OTHER SI	GNIFICANT	ONDITIONS <u>CC</u>	NI KIBUTING TO	D DEATH BUT	NOI KELATED TO	THE TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART 1(c	31	
d	CERTIFICATION	198 DATE OF OPER	RATION	196 CONDI	TION FOR WHIC	H OPERATION	N WAS PERFORME	D	20a AUTOPSY?		WERE FINDIN		_
	TIFIC								YES NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?	
1	CER	218 ACCIDENT WAS		216. TIME O			21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJU				_
1	AL	OR CONTRIBUTING	_	in -	M. MONTH M.	DAY YEAR							
1	MEDICAL	21d INJURY OCCU	JRRED	21e. PLACE	OF INJURY		211 LOCATION		CITY OR TO	OWN	COUNTY	STATE	_
ı	2	AT WORK AT	WHILE	(AT HOME, STA	EET, PACTORY OFFICE	E, PARM EIC		0		-	0	V17114	
ı		22a L certify that	(I) (this hospit				7)	82		5 , 1	9 0 2	that (1) (we) las	1
ı		sow the dece	olive on (did)(did not	view the body	ofter death	\$ 2, on	d that in (my) (our	pinion d	eath accurred on the d	ate and hour	and from the	couses stated	
١		226. SIGNATURE		/		С	DEGREE	ID IN IO		FF. 4	22c. DATE	SIGNED	_
1		FWE	me	NY			PHYS	ICIAN [MEDICAL STA		7-	502	
		274 PHYSICIAN'S	NAME (TYPE OF	A PLO	,		22e ADDRESS	1 1	10 04. 5	00		100	Ī
1		WAIM	1 D	MERCY			940	10	45 Coun	100			
	(URIAL, CREMATIO	N, REMOVAL	23b. DATE			METERY OR CREM		23d LOCATION		BALTO	• STATE	
		BURIAL		JULY 4			HALOM CEM		REISTER			ARYLAND	
		INERAL DIRECTOR	OOL LL	EVINSON	& BROS	, INC.		250 DATE	REC'D. BY REGISTRAR		AR'S SIGNATO		
1	6	010 REIS	TERSTO	VN RD.BA	LTIMORE	,MD.212	215	JUL	0 1306 00	reag 2	and the same	şW	

DHMH - 16 50M 1/BT (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending should be detached for use as the burial-transit permit. Then please remave carba with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar re

C ST CHANGE JAUN GERGHAM Rendered the second of the sec CAMBRICATIVE PREST FRANKLING Y Ch-2-42 DAD SUD COLD 1945 THE DAYS TO SELECT



M. S. SECTION AVSTALLEN DEG VENZALL 5.51 independent of the state of the should be filed w

injury, ar other troumotic event, the

should be detached for use as the burial-transit permit. Then please remaye carbanpape with the State Dept-af Health and Mental Hygiene prior ta burial, cremation, or removal

MPORTANT: If them 21 is marked ar them 18 shows any

After this certificate has been signed by the ottendie as the busial-transit permit. Then please remove cor

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF D	EATH	REC	NO.		O	•	
	CEASED NAME	FIRST	,	MIDDLE		LAST		20. DATE OF DEAT		DAY Y	EAR	26 HOU	JR .
,,,,,	. Or culti)	AGATH	A	GI	LLING	GHAM			7-1	2-82		1:4	5am
3. SE	x Fema l e		White		5. DATE (03-06	YEAR	6. AGE (IN YEARS LAS	T BIRTHDAY)		DAYS	IF UNDER	MIN.
	IRTHPLACE (STATE ORF		U.S.	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER M	ARRIED -	9. BALTIMORE CIT	Y OR COUN	TY OF DEA	TH		MD
8	(IF NOT IN SUCH			HOSPITAL, NURSING HEACHLITY, GIVE STREET A	G HOME (12a. USUAL OCCUI	ATION OST OF WORKING	12b. K		F BUSINE	
13a.	Maryland	NG HOME OF		GIVE RESIDENCE BEFORE 134. CITY OR TOWN Baltimor	N		NO 🗆	13e. STREET ADDRE	ss r t mout	h Rd	212	12	
14. F	Lawrence	· ^	AIDDLE	Murphy		15. MOTHER'S		AE MIDD	E	We	lsh	1	
	VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMAL	VT	AE	DRESS				
(YES, NO ORUNKNOWN)	(IF YES, GIVE	WAR OR DATES)	053-16-3	3416	Mr John	n P. Co	rcoran329	Taple	ow Rd	212	12	
NO	gave rise to imm cause (a), statin underlying cause	rlying cause last.			D)D, OR AS A CONSEQUENCE OF					MINAL DISEASE OR CONDITION GIVEN IN PART 1(0			
CERTIFICATION	19a DATE OF OPERA	19a DATE OF OPERATION 19b COND			ITION FOR WHICH OPERATION WAS PERFORMED					YES, WERE F TIFYING CA YES [TH?
MEDICAL CER	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE		M. MONTH DAY YEAR M. 19				OCCURRED (ENTER NATURE OF INJURY IN ITEM			IB PART I OR PART 2) COUNTY STA			
Σ	WHILE NOT WE AT WORK 228.1 certify that ()	RK —	al) attended th	a deceased from	6	55	. 19_82		12	_, 19_82	. 1	that 💢 (we) last
	saw the decease above, (K (we) (c	ed alive on	/- 12	ofter death	32	nd that in (Kny) (aur) apinian d	leath accurred on th	e date and f	nour and fra	m the r	couses st	ated
	22b. SIGNATURE	1 a	ale	Kin		DEGREE A' P	TTENDING HYSICIAN	MEDICAL DIRECTOR PH	STAFF	22c.	DATE !	SIGNED	2
	22d, PHYSICIAN'S NA	ME (TYPE OF	1 1	Kim.		22e ADDRESS		ROAD TO	SON MI	2120	4		
23a	BURIAL, CREMATION,	REMOVAL	23b. DATE			CEMETERY OR C	REMATORY	23d. LOCATION	N	county		03 7	The same
	Burial		7-14-	82 St	Mary	y's Gov	ans	Balti	more		men	HARAS	Tan

DHMH - 16 50M 4/B2 (VRA 15, 4)

O FUNERAL DIRECTOR:

TO HOSPITAL

7-14-82

St Mary's Govans

ns Baltimore 250. DATE REC'D. BY REGISTRAP 251

Mitchell-Wiedefeld Home 6500 York Rd @1212

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DEPARTMENT OF HEALTH AND MENTAL HYGIENES

FOR

- STATE

(VRA 15. 4)

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	2
CERTIFICATE OF DEATH	DEC NO

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	1.	FOR STATE REGISTRAR			DEPART		EALTH AND M		SIENE 8	2 REG. NO	D.	1	0	1	6
		CEASED NAME E OR PRINT)	FIRST	MIDD	LE 3.		LAST		2a. DATE C		MONTH	DAY	YEAR	26 HO	JR
			LIZABET	H		GN	EITING				07	28	82		D M
	3. SE	X	4. RAG	CE		5. DATE			6 AGE (IN	YEARS LAST BIR	IHDAY)		DERIYEAR	IF UNDE	
	1	FEMALE		WHITE	3	01	11	06		7	6 YRS	MONTH	DAYS	HOURS	MIN.
-	7a. 8	IRTHPLACE (STATE OR FOIL	REIGN 76 CF	TIZEN OF WH.	AT COUNTRY?	8	D NEVER MA		9 BALTIM	ORE CITY O			EATH		
1		GERMANY	100	U.S.A	A.	WIDOW		ORCED	BA	LTIMO	RE C	OUNT	Y		MD.
0	10 C	PARKVILLE	(1	AME OF HOS		ADDRESS)	OR OTHER INSTIT	TUTION	(TYPE OF WO	OCCUPATI RK FOR MOST O SEW IF	FWORKING		b. KIND C IDUSTRY	F BUSIN	
3	13a. S	AL RESIDENCE LIF NUR STATE MARYLAND		INSTITUTION GIVE	RESIDENCE BEFORE CITY OR TOW	E ADMISSION)	13d. INSIDE CIT YES 🛣 🕦	Y LIMITS?	13e STREET		10	VENU	E, 2	1230	
C	14 FA	JOHANN	MIDDLE H.	El	BERLING		15 MOTHER'S /	maiden na. LHELMI		MIDDLE K.			UNKÑ	OWN	
		WAS DECEASED EVER IN		ORCES? 16b	SOCIAL SECU		17. INFORMAN	T		ADDRE	SS				
2	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR C		216-62-	6514	CHARLES	GNEI'	TING	2729	GLEN:	DALE		-	
		18 CAUSE OF DEATH PART I. DEATH WAS		6	for (o), (b), on	10N	DEHU	DRATE	MON			-	APPROXI BETWEEN	MATE INTE ONSET AND	PEATH .
		1541 "		UE TO, OR AS	A CONSEQUI	NCE OF	7						И		10
		Conditions, if ony, v		(b) MF	STAST	ATIC	CHR	CINON	AL.				N	1001	Nh
		gove rise to immer couse (a), stating underlying cause	Ab - g	UE TO, OR AS	A CONSEQUE	NCE OF	4 1/-	REC	JUM						
	NOI	PART 2 OTHER SIGNIF	NON		RIBUTING TO I	DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEA	SE OR CON	ONOITION	SIVEN IN	PART 10	0	
2	CERTIFICATION	19a. DATE OF OPERATIO	N 19	CARC	N FOR WHICH	OPERATIO P	ECTUR	MED	20a AUT YES □	NO D	IN CER	ES, WEF	CAUSES	OF DEA	TH?
7		210. ACCIDENT WAS UNDER OR CONTRIBUTING	ISE OF DEATH		JURY MONTH DA		21c HOW INJU	IRY OCCURR	RED (ENTERN	ATURE OF INJUR	Y IN ITEM 1	8 PART I O	R PART 2)		
7	MEDICAL	21d INJURY OCCURRED	21	P.M.		19	211 LOCATION	1		CITY OR TO			OUNTY		
	W	WHILE NOT WHILE		THOME STREET F	FACTORY, OFFICE F	ARM ETC)	STREET		1	CITY OR TO	WN		YIMUC		STATE
		22a.1 certify that (1) (th	nis hospital) at	rended the de		JKN	8	19.82	, to V	ULU	18	. 19	2	that (1) (we) lost
		sow the deceased aboye, (I) (we) (did	olive on A	the body afte	19_19_	820.01	nd that in (my) (a	our) opinion o	death occurr	ed on the do	te and h	our ond	from the	couses st	oted
		22b. AIGNAWRE	l. Pate	11/16	hour	4	DEGREE ATT	TENDING HYSICIAN []	MEDICAL	STAF		2	M 2	SIGNED 8	?
		22d. PHYSICIAN'S NAM	E (TYPE OR PRINT)			1	22e AODRESS								+
		STEPHEN C	. PAPAS	TEPHAN	OU		8903	HARFOR	D ROAL)					
	23a B	BURIAL, CREMATION, RE	MOVAL 23b.	DATE	23c. N	NAME OF C	EMETERY OR CR	EMATORY	23d. LOC	ATION -			18v	7	TATE
		BURTAL	0	7-31-8	2 ME	ADOWR	TOGE MEN	M PK		TDCE	HOW	ARD		YLAN	

BP DHMH - 16 50M 1/81 (VRA 15, 4)

74 FUNERAL DIRECTOR
NAME
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

AND THE PERSON OF THE PERSON O

STATE OF MARYLAND

	1 -	STATE REGISTRAR				ICATE OF DEATH	REG. 1	10.	, 0	
۱		CEASED NAME FIRST	٨	WIDDLE	C	[AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		LEONA	- 2	E ,	(-0L	DBERC	2 mg	14,	1982	5AM
	3 SEX	X	4. RACE		5. DATE (D	6 AGE (IN YEARS LAST B		MONTHS DAYS	IF UNDER 24 HRS
		FEMALE	WH	ITE	OCTO	BER 21,1911	70	YRS.		
-	-7√r. BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNT	TRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
1		MARYLAND	U.S	.A.	WIDOWE		BALTIMOR	RE COU	YTY	MD
-	-10 CI	TY OR TOWN OF DEATH		HOSPITAL, NU		OR OTHER INSTITUTION	120 USUAL OCCUPA			F BUSINESS OR
		BALTIMORE	BALTIM	ORE CO	UNTY GE	NERAL HOSPITA			AT	HOMEAPT
		AL RESIDENCE (IF NURSING HOME OF		13c. CITY OR		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	BELVE		
	. 5	MARYLAND			TIMORE	YES X NO	1190 W. NO	RTHER	N PARKW	AY (21210
-	14. FA	THER'S NAME	MIDDLE	IAST	41111	15. MOTHER'S MAIDEN NA	AME MIDDLE			
-		RAPHAEL		HROEDE	R	ROSE	MIDDLE		SILESKÝ	M200
>		VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIALS	SECURITY NO.	17. INFORMANT	ADDI	RESS		
-		NO	VE WAR OR DATES		E-5 E	MRS. ANITA	RUDO 4734 N	(ARYKNO	OLL RD.	21208
		18 CAUSE OF DEATH Enter of	nly one cause per	line for (a), (b), and (c).)		. 0		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	TE CAUSE (a)	Re	spira	long fo	ilur			
		4/60	DUE TO, OF	R AS _A A CONSI	EOUENCE OF		~ 0 0			
		Conditions, if any, which	(b)	Chron	ic a	leshuelm	Pul. de	wor		
		gave rise to immediate cause (a), stating the	DUE TO, OR	R AS A CONSE	EOUENCE OF					
		underlying couse last.	(c)_							12/50
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	ADITION GIV	EN IN PART 110	01
	JO T	D'orleale	s ma	elle	5				N-0 13	
,	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WH	TICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	10b. IF YES	YING CAUSES	OF DEATH?
	RT						YES NO		S 🗌	NO 🗌
-		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.			DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 P	PART I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE			19					
	WED	21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE C	OF INJURY EET FACTORY, OFF	FICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
		AT WORK AT WORK			- 0		0		1	
	Н	220 I certify that (I) (this hasp				nd that in (my) (aur) apinian	death assessed as the	814		that (I) (we) last
		saw the deceased alive an abave, (I) (well did (did no 22b. SJON MURE	ot) view the body	ter death.		DEGREE	death occurred an the	Joie and nou		
		226. Soly Hoke	0.	7			MEDICAL ST	AFF	22c DATE	
4		274. PHYSICIAN'S NAME (TYPE	DEBINITI			ATTENDING PHYSICIAN [DIRECTOR PHYS	CIAN	1-1	4-82
		CHASSEM		ANTA	BRED	A 3	2. Can	6.0	Digo	-0
_	72- 5	URIAL, CREMATION, REMOVAL						· re	370	
	23a. B	URIAL, CREMATION, REMOVAL	1/30 DAIL		DE NAME OF	EMETERY OR CREMATORY	Z30. LUCATION			

DHMH - 16 50M 1/81 (VRA 15, 4)

BALTIMORE

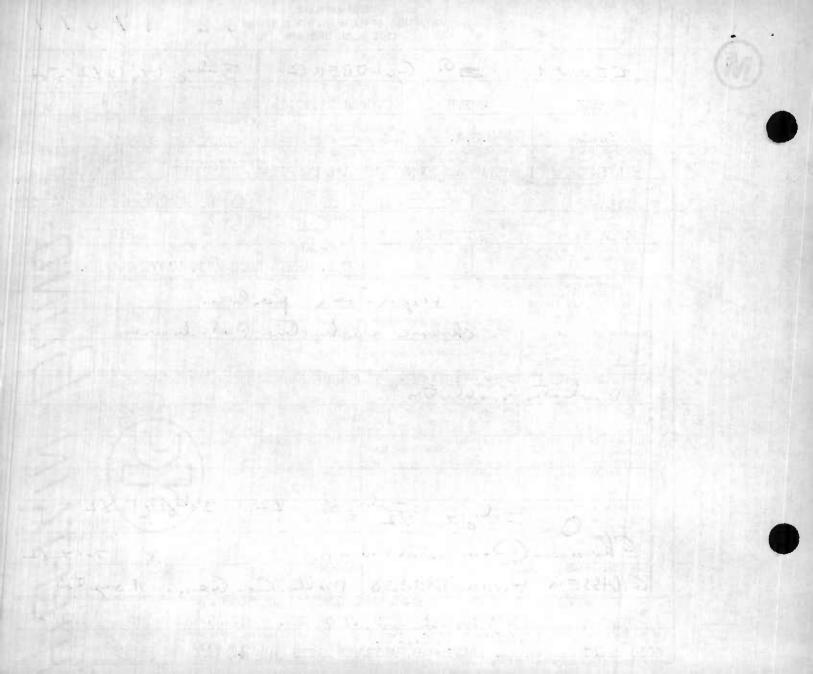
MARYLAND

JULY 15,1982 BETH TFILOH CEM.

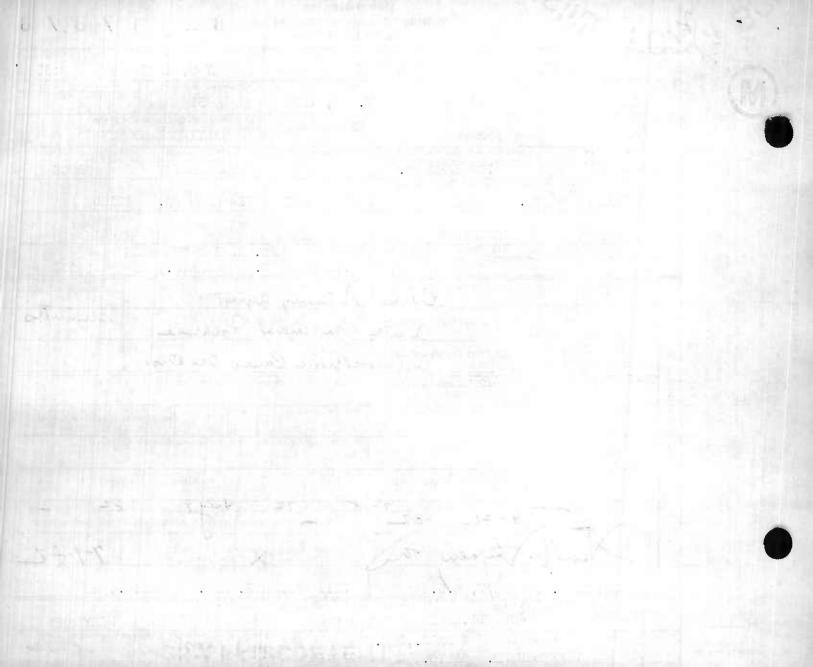
JULY 15,1982 BETH TFILOH CEM.

FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

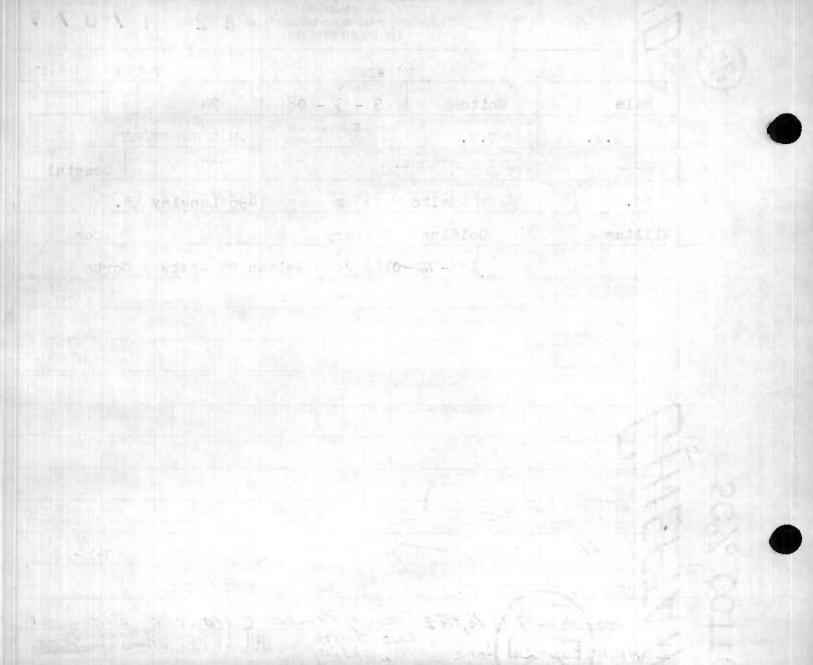


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(VRA 15, 4)

STATE OF MARYLAND



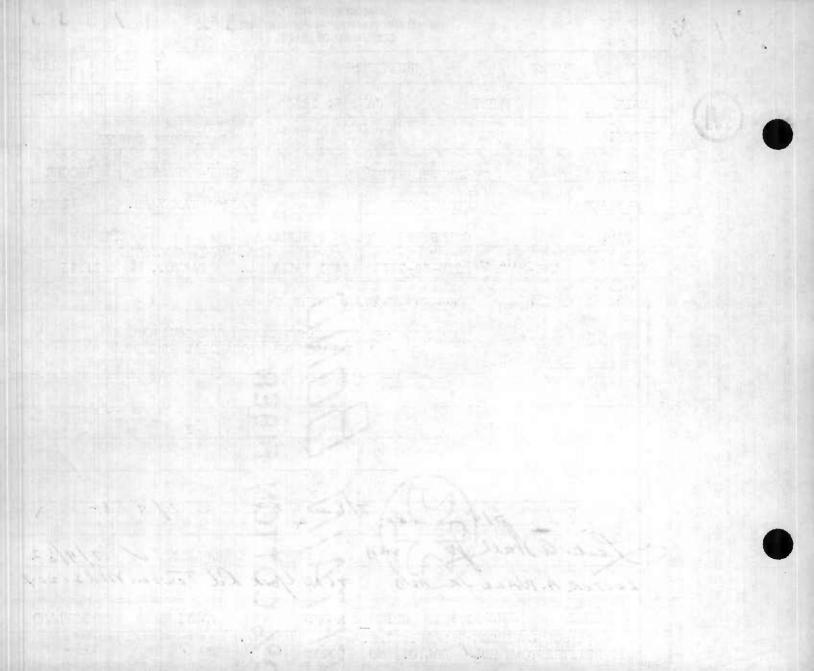
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6010 REISTERSTOWN RD.

(VRA 15, 4)

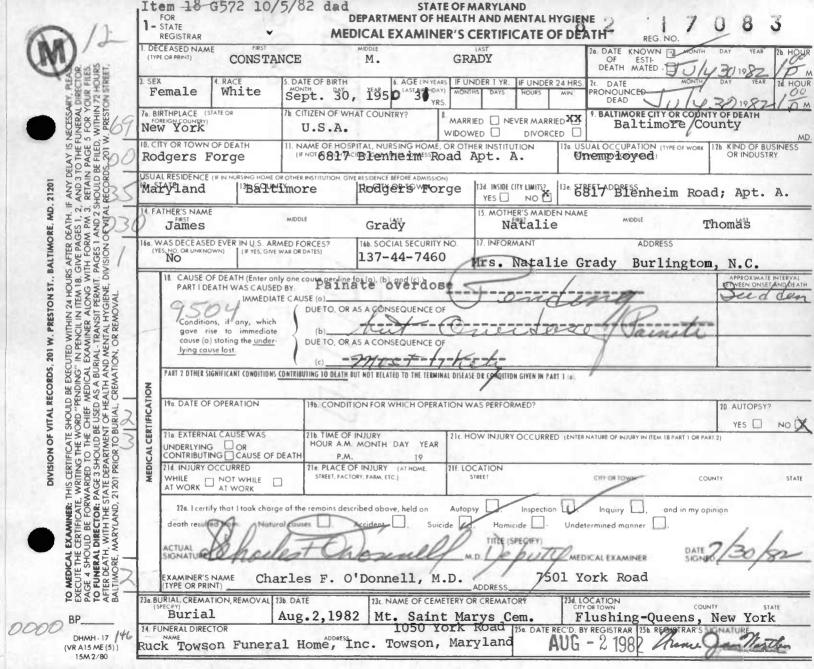
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &



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	ACCHAIL-MARTHEN HOLD, INC. 15001.0

***				STATE OF MARYLAND		
70	13	FOR	DEPARTMENT	OF HEALTH AND MENT	AL HYGIENE	7082
1	11.	STATE REGISTRAR	MEDICAL EXA	MINER'S CERTIFICAT	E OF DEATH REG. NO.	, , ,
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 26. HOUR
	(TY	PE OR PRINT)	101	FORENH	OF ESTI- DEATH MATED	7 18,82 1500
28 2 E	1	DONALD	WENDELL	50000		
HOF BEIN	3 SE	A. RACE		BIRTHDAY) MONTHS DAYS HOU	NDER 24 HRS. 2c. DATE RS MIN. PRONOUNCED	AONTH DAY YEAR 2d. HOUR
200		mw	3/10/19 6	3 YRS.	DEAD JUL	Y 18 1982 1700
The state of the s	7 o. E	IRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	18	9. BALTIMORE CITY OR	COUNTY OF DEATH
世後を見る人) "	DREIGN COUNTRY)	USA	MARRIED NEVER N	VORCED BALTO	Course
2503	10.0	M D. ITY OR TOWN OF DEATH		HOME, OR OTHER INSTITUTION		WORK 17b. KIND OF BUSINESS
22823)	- G	(IF NOT IN SUCH FACILITY, GIVE STREET AD		FOR MOST OF WORKING (IFE)	OR INDUSTRY
A S S S S S S S S S S S S S S S S S S S		E SSEX	319 RIVE	RSIDE DK.		WEST, ELECT.
O E Z O O	USU	AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	ITS2 13e. STREET ADDRESS	
AND AND RETAIN SECOND	130.	M P 13b. COUR			BY 319 RIVER.	SIDE DR
E PARTY	14.5		ACTO IT 35	IS MOTHER'S M		
9 4-12/2/		ATHER'S NAME	MIDDLE	FIRST	MIDDLE	LAST
W WW II	4	NOTLEY	GOVOY GOVOY	JESS		WK
0 #45 Z	160.	WAS DECEASED EVER IN U.S. AF	THE OR PASSES		ADDRESS	753 FREDERICK RL
# # # # # # # # # # # # # # # # # # #		E5 KO	REA 2190	3 6425 DONNA	PECKLING EL	152 FIREDERICK RU
BALT BALT WITH PAG DIVIS	1				Α Α .	APPROXIMATE INTERVAL
5 0 0 E		PART I DEATH WAS CAUSE	nly ane cause per line far (a), (b), and (rocardial diseas	BETWEN ONSET AND DEATH
A THOUSE		11140 IMMEDIA	TE CAUSE (a) Chronic		to continued another	2 0 903
A PAPER		1110	DUE TO, OR AS A CONSEOU	ENCE OF		U
# E = # S # Q		Canditians, if any, which				
N SAME AND		cause (a) stating the under		ENCE OF		
DE LEKA MENTER OF THE PARTY OF		lying cause last.				
ECUT NO. 20 NO. 20 NO. 20		BART 2 BYNER CICAUSICANY CRARLYINA	(c)			
REX PIC TIO	7	PART Z DINER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT NOT RELATED TO	HE TERMINAL DISEASE OR CONDITION GIVEN	I IN PART 1 (g),	
S ROMENTS -	HCATION					
A R R A R R A R R A R R A R R A R A R R A	13	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		20. AUTOPSY?
P. THO. O.M.	1.15					YES NO
NO TO THE STATE OF	S IN	21a EXTERNAL CAUSE WAS	21b. TIME OF INJURY		URRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)
A PART OF THE PART	5 3	UNDERLYING OR	HOUR A.M. MONTH DAY			
8 E0 E8	1 3	CONTRIBUTING CAUSE OF	P.M. 21e PLACE OF INJURY (ATH	OME. 21F. LOCATION		
DIVISION S CERTIFIC UTING TH EDED TO E 3 SHOUL PRICE JO	MEDIC	WHILE ON NOT WHILE	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
O SERVE OF SERVE	1.	WHILE NOT WHILE AT WORK				
2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			and the consist described above her	d an Autapsy , Insp	pectian Inquiry and in	n my apinian
#258#3			ge of the remains described above, he			n my apiman
■ 単一次 日子 日本		death resulted fram: Nat	aral causes Accid ht L.	Suicide, Hamicide L	Undetermined manner,	7/-1
AN WEEK SK		ACTUAL TO	ALM MILE	TYLE (SPECIF		DATE / 20/82
3464F × -	-	SIGNATURE	wisein O on	July Dielin	MEDICAL EXAMINER	SIGNED
DICAL F THE A SHC MERAL ORE A	7				a) N	N M. 21-
#5.4E.5		EXAMINER'S NAME (TYPE OR PRINT)	ROSSAN O DEN	OVAN ADDRESS 211	2 DUNDALKAVE,	BALL, 110, -122
092093	730	BURIAL, CREMATION, REMOVAL	73b. DATE 73c. NAME	OF CEMETERY OR CREMATORY	[23d. LOCATION	
m	1.00	(SPECIFY) BURIAL	7//-	^	B C T C	COUNTY STATE
CL BP_	24	UNERAL DIRECTOR	12/87 DBA1	DIIVUZ	ATE DEC'D BY DECK TO ALL	No Marie
OHMH-17 (VII.A15 ME (5))		DIABAT	ADDRESS	230. L	111 2.2 1982 Munces	Ham Killer
15/A.7/70	J	.G. CONNELL	Y 300 MM	CE	OL D D CO	0
	750					

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STATE OF MARYLAND

P 05-05-1 STREET, NAME OF STREET , -1 7 1 7 101 00 2 ----The state of the s To be presented to the present of th and the property of the state o The second of the second THE PART OF A PERSON AND A PERS The second of th M. Te was the plant of the plant of the same of the The state of the s Pass Transon Rememble Fore, Tac. Corror, M. 21104

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DHMH - 16 50M 1/81 (VRA 15, 4)

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1		FOR		DEPARTA		E OF MARYLAND HEALTH AND MENTAL HI	YGIENE R 2		7 0	8 5
	1 -	STATE REGISTRAR				FICATE OF DEATH	-	1		
			251	MIDDLE		LAST	2a. DATE OF DEAT	H MONIH D	AY YEAR	26 HOUR
	TYPE	OR PRINT)	RA		AR	AY		7 17	82	19350
	3 SE		4 RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAS		IF UNDER I YEAR	
		F	WHI.	TE	12-1	1- 1907 YEAR	74	YRS.	ONTHS DAYS	HOURS MIN.
d	la BI	RTHPLACE (STATE OR FOREM	76. CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED	Day ta	_		
4	10 CI	Mary land TY OR TOWN OF DEATH			WIDOW	ED DIVORCED DIVORCED DROTHER INSTITUTION	12a USUAL OCCUP	more Cou	-	M M
5	Re	andalls town	Balti	more Cour	ity G	eneral Hospin	(TYPE OF WORK FOR MC			OF BUSINESS OI
	3n S	AL RESIDENCE (IF NURSING H TATE 136 Try Land 136	iome or other institution COUNTY Baltimore	GIVE RESIDENCE BEFORE 136. CITY OR TOW Pikesvi	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRE 101 1/2		not Do	J
	4 FA	THER'S NAME			700	15. MOTHER'S MAIDEN N	IAME			a
0		Elmer	Waskey	LAST		FIRSTrene	e wiooi	Sulliva	in LA	SŤ
	6a V	AS DECEASED EVER IN U	.S. ARMED FORCES?	166. SOCIAL SECU		17 INFORMANIMY.	Robert Gray	PRESS		
		ES NO OR UNKNOWN) (IF	TES, ONE WAR OR OATES)	220-30-	2223	101 1/2 Old	Court Road	l Pikes	ville,	MD. 21
		18 CAUSE OF DEATH (E	nter only one cause per	line far (a), (b), and	d (c).)				APPROX BETWEEN	MATE INTERVAL
н		PART I. DEATH WAS C	CAUSED BY: NEDIATE CAUSE (a)	Carde	Or.	NLURTON			Marie San	
-		4100		- June	W.C.	May Beer				
		1100		R AS A CONSEQUE	NCE OF	underso de	0 11.00	relien		
		Conditions, if any, wh gave rise to immedia	ote	FRILLE	1.11	your since	e migue	MULL		
		couse (a), stating to	the DUE TO, O	R AS A CONSEQUE	NCE OF					
			(c)							
	z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR C	ONDITION GIVE	N IN PART 1	a
-	CERTIFICATION	Mighele	3 Mells	1118) 1	1 H-1	F. HU	110/0481	on		
1	FIC A	19a DATE OF OPERATION	196. COND	IIION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDI	OF DEATH?
	RT.						YES NO	YES		NO 🗆
		21a. ACCIDENT WAS UNDERLY		FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF	NJURY IN ITEM 18 PA	RT 1 OR PART 2)	
	CAI	(IF EITHER NOTIFY MEDICAL EX	OC DEATH.	M.	19					
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F.	ARM ETC)	2 If. LOCATION STREET	CITYO	RTOWN	COUNTY	STATE
		22a I certify that (1) (this	hospital) attended th	e deceased fram_		. 19	ta		19	that (1) (we) las
		sow the deceased al	ive an	.19		nd that in (my) (our) opinio	n death accurred an th			
		226. SIGNATURE	did not) view the bady	after death	-	DEGREE			22c. DAVE	SIGNED
		Hafer	100	edn)		ATTENDING PHYSICIAN	MEDICAL S	STAFF SICIAN IQ	7/1	7/82
7		224 PHYSICIAN'S NAME	(TYPE OR PRINT)			22e ADDRESS			4//	100
		HAFEEZ	A 34	ED		BALTIMON	E muni	TY GE	N HO	8,0
2	3a B	URIAL, CREMATION, REM				EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		Burial	7-20-			Cemetery	Westmins	ter Cas	rroll	MD. STATE
2	4 FU	NERAL DIRECTORLOPI	ng Byers F	uneral Di	recto	ors. Inc. 25a D	IN EC. O PRODE	AR75 EGISTR	A SHIGH	Misth
	87	28 Liberty R	oad Randa	Listown	MD. S	21133	- 0 1002	-	04	NAME OF THE OWNER,

. Elizabeth Control of the Control o FOR - STATE

T	A	TE	0F	MARYLAND	
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51 DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

REGISTRAR			CERTI	ICAIL OI DEATH		REG. NO.		
I. DECEASED NAME	FIRST	MIDDLE	111111111111111111111111111111111111111	LAST	2a. DATE OF	DEATH MONTH	DAY YEAR	26 HOUR
(THE OKPKINY)	Clayton	S.	Gr	eene		July 4,	1982	1 a/M
3 SEX	4	RACE		OF BIRTH	6 AGE (IN YE	ARS LAST BIRTHDAY)	MONTHS DATE	
Male		White	July	9, DAY 1892 YEAR	90	YRS	MONING DATS	MIN.
Ta. BIRTHPLACE (STATE C	R FOREIGN 76	CITIZEN OF WHAT COUN	TRY? 8	DE NEVER MARRIED	9 BALTIMOR	RECITY OR COUNT	Y OF DEATH	
Massachuse	ts	U.S.A.	WIDOW	23	Ba	ltimore C	County	MD
10 CITY OR TOWN OF D	EATH 11	NAME OF HOSPITAL, NU	JRSING HOME	OR OTHER INSTITUTION		CCUPATION	12b. KIND (OF BUSINESS OR
Lutherville	9	25 Thornhi	11 Road	Inches of the	Retire	ed- New En	igland T	elephone
USUAL RESIDENCE (IF NO. 130 STATE Maryland	136 COUNTY Balto	HER INSTITUTION GIVE RESIDENCE I		134 INSIDE CITY LIMITS?	13e. STREET A	DDRESS Thornhill	Road	
4. FATHER'S NAME FIRST Henry	E.	Greene Greene		15. MOTHER'S MAIDEN NA Nellie	AME	MIDDLE	Montgô	omery
60 WAS DECEASED EVE			SECURITY NO.	17. INFORMANT		ADDRESS	1-10	
YES NO OR UNKNOWN)	(IF YES GIVE W	(AR OR DATES) 011-09	-1132	Ann N. Gre	ene, Sa	me As #13	e e	
18 CAUSE OF DEA	TH (Enter only	ane cause per line for (a), (b	o), and (c)	-			APPRO)	XIMATE INTERVAL
PART I. DEATH	WAS CAUSED E	BY: 900	t. 1	To Im bol	200		.7	mont
PART 2. OTHER SM 19a DATE OF OPER 21a. ACCIDENT WAS U	Gnificant coi	(c) Chron	TO DEATH BU	NOT RELATED TO THE TERM	MINAL DISEASE		IVEN IN PART 11	
E E						IN CERT	TIFYING CAUSES	
		21b. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTERNATI	URE OF INJURY IN ITEM 1B	PART I OR PART 2)	
OR CONTRIBUTING		HOUR A.M. MONTH	DAT TEAR					
(IF EITHER NOTIFY ME 21d INJURY OCCU		21e PLACE OF INJURY		211 LOCATION			COUNTY	
WHILE NOT	WHILE CORK	(AT HOME STREET, FACTORY OF	FFICE, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
22a certify that	l) (this haspital) attended the deceased fr	rom6	-30 1972	, ta	7-4	19 62	, that (I) (we) last
saw the dece		the bad after death.	19_22,0	nd that in (my) (aur) apınian	death accurred	an the date and ho	our and Iram the	e causes stated
226. SIGNATURE		/		DEGREE	,		22t. DATE	ESIGNED
Henr	11-6	onstad	ln	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	7-	.6-82
22d. PHYSICIAN'S	AME (TYPE OR PE	RINT)	100	77e. ADDRESS			/	
Henri '	r. Voors	stad M.D.		7600 Osler	Drive,	Towson,	Marylan	nd 21204
23a. BURIAL, CREMATION	N, REMOVAL	23b DATE	23c NAME OF	EMETERY OR CREMATORY	23d. LOCAT	TION		
(SPECIFY)		7-6-92	Touden	D1 -	CITY O	DRIOWN	COUNTY	STATE

21204

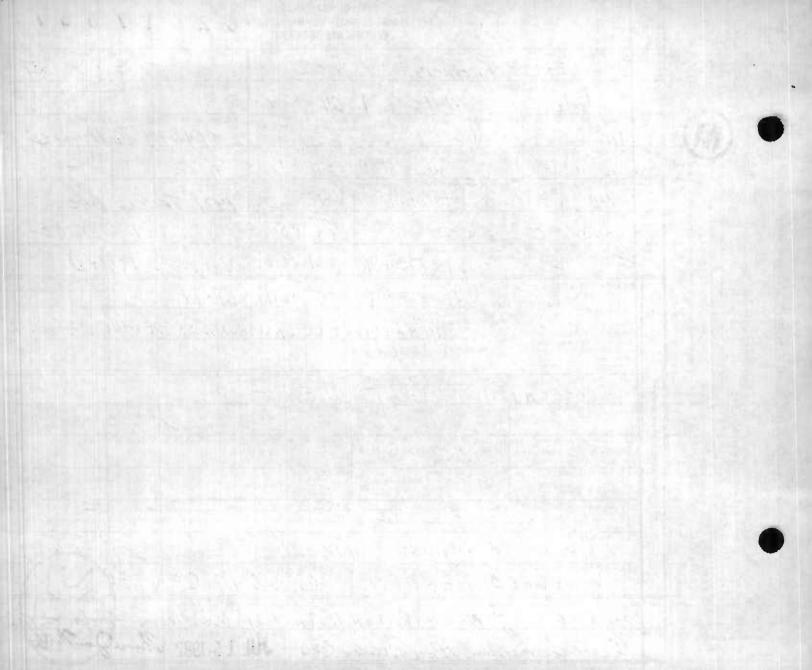
DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

Ruck Towson Funeral Home, Inc. Towson, Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial. MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar all 5 590 a Jul #24 10 500 6 500

	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAN MENT OF HEALTH AND ME CERTIFICATE OF DEA	NTAL HYGIEN	8 2 REG. NO	1 7	0 8	7
nay be page 3	(TYP	CEASED NAME PIRST	FRANCIS	GRIMES				FZ P.	SP.M.
sge 4 mc ctor, p	3 SE	Male	RACE White	5. DATE OF BIRTH	959	AGE (IN YEARS LAST BIRTH	YRS	HS DAYS HOUS	DER 24 HRS
Geoth. P.	5	MD.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MAI	RRIED P	COUNT	COUNTY OF	Stimore	MD.
s of the state of	50	WINES MILLS	I. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET			PE OF WORK FOR MOST OF		26 KIND OF BUS	INESS OR
11 ted in could be	S IIIe.	AL RESIDENCE (IF NURSING HOMEON) STATE MD ALL OUNT OUNT	THER INSTITUTION, GIVE RESIDENCE BEFOR	N 13d INSIDE CITY	/ LIMITS? 13e	STREET ADDRESS	weer,	Ave.	
ampletely and 2 sh	14. F	PRANOS EME	DDLE GRIMFS LAST	15. MOTHER'S M	SALE	S. TMIOPLET E	ELY	G. Crag 1/4/	()
n and co	2 160	NAS DECEASED EVER IN U.S. ARMI YES DOOR UNKNOWN) (IF YES, GIVE W	ED FORCES? 166 SOCIAL SECU PAR OR DATES) 2/2 72	BUSE LOSE	Avoor	MEDICA	0-	(PD)	
ertificate k ng physicio banpapers remavol.		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED	BY: WETAST	ASES TO HI	LUM X	BRAIN		APPROXIMATE IN BETWEEN ONSET	NTERVAL AND DEATH
that the death c d by the attendin ease remove cark oil, cremation, ar		Conditions, if ony, which gave rise to immediate cause ial, stating the underlying cause last	(b) DUE TO, OR AS A CONSEOU	4001 CELL	CARCIN	OHA OF TI	HELUN	2 支 m	ent/s
quires signed fhen pl ta buri njury, a	NO	PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	OTHE TERMINA	L DISEASE OR COND	ITION GIVEN I	V PART 1(a	
an. has been t permit. I ene priar	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORM	1 1 1 1 1 1 1 1	YES NO THE	20b. IF YES, WE IN CERTIFY INC	RE FINDINGS U G CAUSES OF DI NO	SED EATH?
HYSICIAN: The nding physician his certificate his burial-transit plantal Hygies or Ifem 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR	RY OCCURRED	(ENTER NATURE OF INJURY	IN ITEM 18, PART 1	OR PART 2)	
the the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOCATION STREET		CITY OR TOWN	N C	OUNTY	STATE
TTEN pital TOR: for us of He		220-1 certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did) (did nat)	7 6 . 19 6	5° 3° 8° 2 f 2 , and that in (my) (au	19 ur) opinion deat	to	6 19_ te and haur and	from the cause	l) (we) lost s stated
At OR A r the hos AL DIREC detached are Dept.		226. SIGNATURE Wulf	ed Gemai			AEDICAL STAFI		7.6.	675a
TO HOSPITAL Cretained by the Stouch be detained by the Stouch be detained by the Manch the Stouch because the Stouch become the Stouch because the		22d PHYSICIAN'S NAME (TYPE OR P	ED BERM	22e ADDRESS	Elion	D CEI	VIER		- 448
BP———	230	BURIAL, CREMATION, REMOVAL	7/m/ac 0	NAME OF CEMETERY OR CRE	D	Noods bo	no Fr	eclenick	ETATEMO
DHMH - 16 60M 1/75 (VR A 15 (4))	24. F	UNERAL ORECTOR	ADDRESS	head - Inil		T 5 1002	SWEGISTRAD	Sign /	16-



						STA	TE OF A	MARYLAND						
	,	FOR			DEPA	ARTMENT OF	HEALTH	AND MENTAL	HYGIENE	43		7	8 0	8
		STATE REGISTRAR			MEDIC	AL EXAMIN	IER'S C	CERTIFICATE O	OF DEAT	H	REG. NO.		0 0	9
		CEASED NAME	FIRST		MIDO	DLE		LAST	20	DATE KN		MONTH	DAY YEAR	2b. HOUR
		E OR PRINT)	17	,						OF	ESTI-			- DO
公米以表 用		Le	e Vernon	L. Ho	addawa	4				DEATH A	AATED 💆	1-1	18 1982	- SAM
BEFOR	1. SEX	4	I. RACE	5. DATE OF	BIRTH '	6. AGE (IN YI			R 24 HRS. 20	DATE	ED	MONTH	DAY YEAR	20 11001
- 1 MAN)	1	nale	white	Mar.			RS. MONT	HS DAYS HOURS	MIN PR	DEAD	Jul	4 18	1982	11000
33.6817	Ja B	RTHPLACE (STA			OF WHAT C		18	Y	9.	BALTIMO	U	4	OF DEATH	TI AM
光明の子子	FC	REIGN COUNTRY)			11 5 1		MARR			0 1	_			
#5-35-V		Paryland			u.s.n	•	WIDOW			Bal	timor	e ou	nty.	MD.
名業は田二〇	IB. CI	TY OR TOWN O	FDEATH			., NURSING HOM GIVE STREET ADDRESS)	E, OR OTH	IER INSTITUTION		ST OF WORKIN	TION (TYPE (OF WORK	OR INDUS	TRY
304100	An	butus			55 Mai	den Choi	00/0	ine	,	erk			Lood	
F ANY DELAY EN AND 3 TO THE PRETAIN PAGE 3 MECOND RETEN	USU	AL RESIDENCE (I	F IN NURSING HOME OF	OTHER INSTITU	JTION, GIVE RESI	DENCE BEFORE ADMISS							7000	
21201 IF ANY D 2. AND 3 SHOULD 1. RECORE	64	TATE , ,	136 COUNT			CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STREE				1	1
21201 F AND 3. RETA SHOULL FEE		aryland	Balti	imore	1	Arbutus		YES/(A) NO [1055	Maio	ien (n	roice	Lane	npt 3
	14. F/	ATHER'S NAME	11	MIDDLE		LAST		15. MOTHER'S MAIL	DENNAME	MIDI	DLE		LAST	
E, MD.	1	Jessie	. Haddawa	4				Lilly	Wille	4				
	16a. V	VAS DECEASED	EVER IN U.S. ARM		5? 16b	. SOCIAL SECURI	Y NO.	17 INFORMANT			ADDRESS	1.124		
1	(1	ES. NO, OR UNKNOW	VN) (IF YES, GIVE V	VAR OR DATES)	120	213-03-0	760	Mrs. Vir	oinia)	Hadda	uri M	055 M	aiden	(b
BALTIN JRS AFT WITH F PAGES	\vdash						700	1002.	garaa 1	radita	arcy re	7) 11		ATE INTERVAL
ST., E HOUI A 18. VG V ARIT.		18. CAUSE OF PARTIDEA	DEATH (Enter ani	y ane cause (per line far (c	(b), and (c).)	1	-1: 0	1.		1 7	1.	BETWEEN ON	SET AND DEATH
HIN 24 HOU IN ITEM 18, A LONG SIT PERMIT. HYGIENE, D	-12	11-		E CAUSE (a)	-AV	6 165	CRY	our he	6alp	vercu	(a 6)	1 rec	2	
		72	72	DUE 1	TO, OR AS A	CONSEQUENCE	OF							
W. PRESTON ST., D WITHIN 24 HOU ENCIL IN 1EM 18 MINER ALONG -TRANSIT PERMIT- REMOVAL.			s, if any, which	(6)										
ED WITH PENCIL CAMINER ALTRANG AENTAL			stating the under-	(b)		CONSEQUENCE	OF							
		lying cause	e last.										100	
S, 301 W. PREST ECUTED WITHIN 3" IN PENCIL IN AL EXAMINER A NUMBERIAL TRANSIT NND MENTAL HY NN, OR REMOVAL				(c)										
5 0 X 0 4 7 H	-	PARI 2 OTHER SIGN	AIFICANT CONDITIONS C	ONTRIBUTING TO	O DEATH BUT NO	T RELATED TO THE TER	WINAL DISEAS	E OR CONDITION GIVEN IN I	PART 1 tot.					
CO BE NO BE AS	MEDICAL CERTIFICATION													
UID UID HEAL	X	19a. DATE OF	OPERATION	19b. C	CONDITION	FOR WHICH OPE	RATION W	AS PERFORMED?					28. AUTOPS	Υ?
SHOUL SROUL CHIEF E USED IAL, CR	Ĕ	32 18											YES 🗌	NO
OF VITAL ATE SHO E WORD THE CHI ID BE US AENT OF BURIAL	3	21a EXTERNAL	CAUSE WAS		ME OF INJU			OW INJURY OCCURE	RED (ENTER NA	TURE OF INJUR	Y IN ITEM 18 PA	ART 1 OR PART	2)	
I PECA THE OUT THE STAME	1 2	UNDERLYING			UR A.M. MO	NTH DAY YEA	R							
SION OF RTIFICATE NG THE W SHOULD SHOULD PARTMEN	1 5	CONTRIBUTIN	G CAUSE OF D		P.M.	JURY (AT HOME,	214.40	CATION						
CERTIFICATE SH TING THE WORN DED TO THE CI S S HOULD BE C DEPARMENT PRIOR TO BURIA	AE				REET, FACTORY, F			STREET		CITY OR TOWN	N	COUN	ITY	STATE
DI THIS WARD WARE	<	AT WORK	NOT WHILE AT WORK											
" mige of or		100		(1)		4.4.	A				4	4 to		
AMINER RTIFICATION O BE FO RECTOR: ITH THE			y that I taak charge	e at the remo	oins describe		Autap			Inquiry L		d in my apin	lian	
EXAMINE CERTIFICA JID BE FO DIRECTOR WITH THE		death resulted	d fram: Natur	al causes	Acci.	dent L., S	uicide], Hamicide 🔲	Undeter	mined man	ner,			
WILL WAY			(/)	2	1			TITLE (SPECIFY)					7/0	205
ICAL EXAN		ACTUAL SIGNATURE_	-eur	WICK	21	eueu	2 44	1.D. Deku	MEDIC	AL EXAMI	VER	DATE	1-10	0 2
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ADDRESS

308 High St.

FOR

REGISTRAR

Burial

24 FUNERAL DIRECTOR

NA RaymondC

DHMH - 16 60M 7/73

(VR A 15 (4))

SISTER MARY ANTHONY HAEBE

DECEASED NAME

- STATE

TYPE OR PRINT

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (

Villa Maria Cemetery | Glen Arm

Cambridge. Md

REG. NO

July 4, 1982

2b HOUR

IF UNDER 1 YEAR

INDUSTRY

same

YES [

COUNTY

Baltimore

250. DATE REC'D. BY REGISTRAR 25L REGISTRAR'S SIGNATURE

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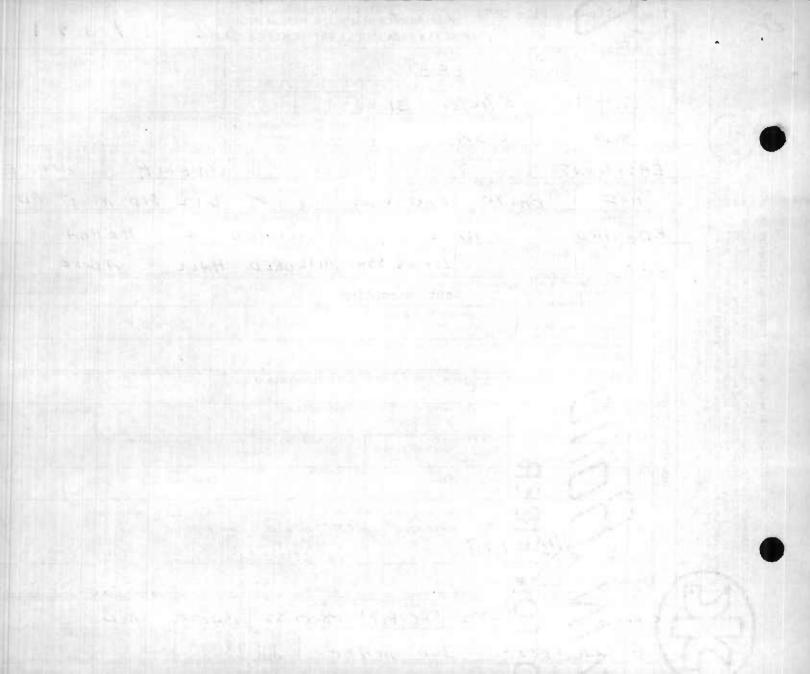
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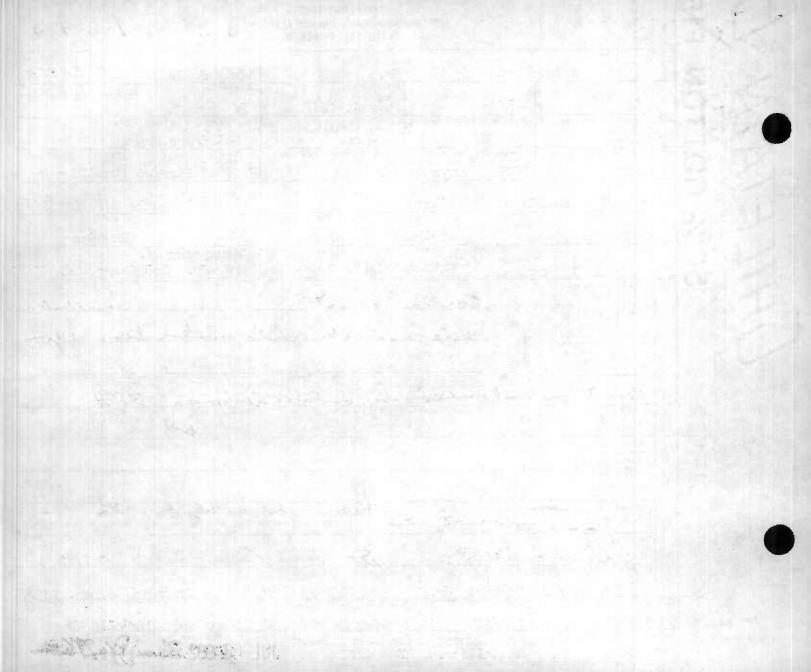
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2 P. C.		ITY OR TOWN	OF DEATH	11. NAME OF HOS	SPITAL, NU		OR OTHE	R INSTITU		12a USU	AL OCCUP	ATION ((TYPE OF WORL	RK 12b. KI	IND OF BU	SINESS BY
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TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 3		22a I certif death resulte	, A	e of the remains de	Accident		Autaps	Hamio	Inspection	, Undete	Inquiry	nner [and in my	apinian		
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	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8	REG. I	NO.	7	0	9	4
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REGISTRAR			FOR HEALTH AND MENTAL HYCERTIFICATE OF DEATH	GIENE 8 2		0 9 4
1 DECEASED NAME (TYPE OR PRINT)	JOE .	SMITH	HANEY	20. DATE OF DEATH		20 1100K
1 SEX	4 RACE		DATE OF BIRTH	July 15,		8:10a A
	white		MONTH DAY YEAR 26	56		DAYS HOURS MIN.
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COUNTRY)	USA	M	ARRIED EVER MARRIED	Baltimore	-	
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Rossville	Frank	such facility, give street address 11n Sq. Ho	spital	Watch R	epair Indus	ont. War
USUAL RESIDENCE (F NUR 130. STATE Maryland	13b COUNTY Baltimo	13c. CITY OR TOWN Raspebus	13d INSIDE CITY LIMITS?	512 DIMW	ood Ave.	
14. FATHER'S NAME		rq xtabpootta	15. MOTHER'S MAIDEN NA	145		
Thomas	Smi th	Hanry	Mattie	J. MIDDLE	En	nis
60 WAS DECEASED EVER	IN U.S. ARMED FORCES	? 166 SOCIAL SECURITY		ADDRES	SS	
(YES, NO OR UNKNOWN)	(IF YES GIVE WAR OR DATES	236-32-26	608 Helen Hani	y, 512 El	mwood Av	е.
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FOR

STATE OF MARYLAND		
DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 2	

1	FOR STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND MENTAL HYC ICATE OF DEATH	SIENE 8	REG. NO		7	0	9	5
	CEASED NAME FOR PRINTS	Wi Wi	l da	Lenabel	1 HAN	NKE		y 22,		DAY	YEAR	2b ног 2:	15a _M
3. SE	X	4	RACE	-	5 DATE C		6 AGE INY	YEARS LAST BIRTH	(PAY)	IF UNDER		IF UNDE	
183	Female		Whit	e	Aug.	26. 1930 YEAR	51		YRS.	NONTHS	DAYS	HOURS	MIN.
70. B	IRTHPLACE (STATE OR FORE	IGN 7	CITIZEN OF	WHAT COUNTR	RY? 8		9 BALTIMO	RE CITY OR		OF DE	ATH		
	West Virgin	nia	USA		WIDOWE	DIVORCED DIVORCED	Ba	altimo	re Co	unt	у		MD.
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13a. Ma	ryland 13b	COUNT Balt:	THER INSTITUTION Y LMORE	GIVE RESIDENCE BE 13c CITY OR TO Middle	River	13d INSIDE CITY LIMITS? YES NO	13e STREET 728 W	ADDRESS K	ingsw	ay J	Rd.	2122	20
14. F	ATHER'S NAME FIRST Cur	rtis	Pennin	gton LAST		15 MOTHER'S MAIDEN NA	ME	Hutc		- 1	LAST		
	WAS DECEASED EVER IN U		ED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRES	S	1771			
,	NO NORUNKNOWN) (IF	TES, GIVE	WAR OR DATES	234-44	-6797	Robert B. I	Hanke	Sar	me				
MION	Conditions, if ony, wh gove rise to immedicause (a), stating underlying couse li	MEDIATE nich ote the ost	DUE TO, O (b) DUE TO, O (c) DINDITIONS CO	R AS A CONSECUTIVE TO THE PROPERTY OF THE PROP	OUENCE OF	ructive pulmo	IINAL DISEAS	e or cond	ITION GIVE				
CERTIFICATION					Ch OPERATIO		200 AUTO	но	20b. IF YES, IN CERTIFY YES	YING C	AUSES (TH?
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CAL	(IF EITHER NOTIFY MEDICALE		P.	M.	19		E ^{re}						
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	220. I certify that (i) (this saw the fleceosed of above, by (we) (did). 226. SIGNATURE 22d. PHYSICIAN'S NAME K. Yammai	LTYPE OR F	we the Kody		_82, on	d that in (1) (our) opinion DEGREE ATTENDING PHYSICIAN 122e. ADDRESS 9000 Frank1	MEDICAL DIRECTOR	STAFF	AN XX	7	om the c		we) lost ated
72- 0	BURIAL CREMATION REM		23b DATE	1					., 41	231			
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1407 Old Eastern Ave.

by registrar 256. REF

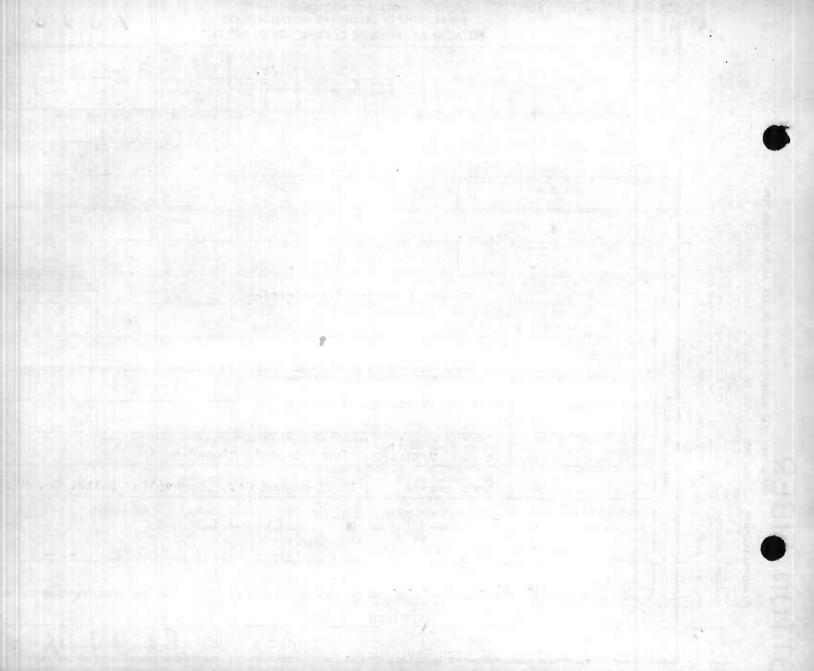
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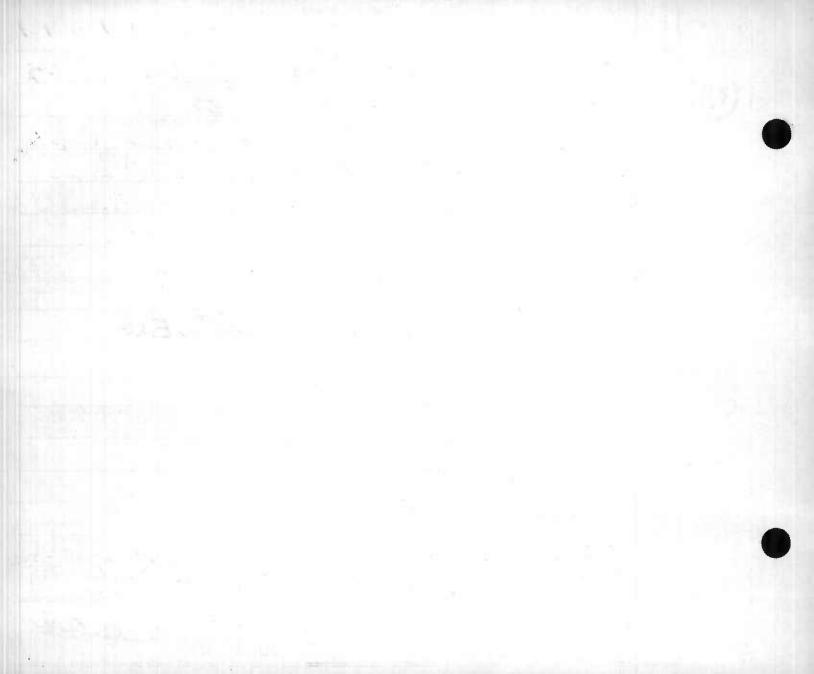
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IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other traum

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7	1-	FOR STATE REGISTRAR	FIRST	ME	DICAL	EXAMIN		ERTIFIC		F DEA	TH*	REG.			, 7	6
		EASED NAME OR PRINT)			WIDDLE						20. DATE OF	ESTI-			DAY YEAR	26 HOUR
-	SEX.		4. RACE	LIAM Is. DATE OF BIRTH		6. AGE (IN YE)		HANNIE	IF UNDER		2c. DATE	MATED		7-31-	-8 <u>2</u> 9	2d, HOUR
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Ī	14. FA	THER'S NAME	ouis Har	MIDDLE		LAST	71	F	R'S MAIDE	NNAME	. ,	MIDDLE			LAST	
1	16a. W		EVER IN U.S. AR			CIAL SECURIT	YNO.	17. INFORA			33	ADDRE	SS			
		yes	1954	1-58	215	34 964	1	Ann 1	. Har	nniba	1 20	7Duke	of	York	k Lane	
		Candition gave ris cause (a) lying cau	s, if any, which to immediate stating the under see last.	TE CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)	AS A CO	n Monox	OF OF	•								
	NO	PART 2 OTHER SIG	HIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT REL	ATEO TO THE TERM	INAL DISEAS	E OR CONDITIO	N GIVEN IN PA	RT 1 (a).						
1	CAT	190 DATE OF	OPERATION	196. CONDI	TION FOR	WHICH OPER	ATION V	AS PERFOR	MED?					2	D AUTOPSY	?
	CAL CERTIFICATION	UNDERLYING	L CAUSE WAS		MONTH	Est TEAR /31/1982		ow INJURY						OR PART 2)	YES XX	но 🗆
	MEDICAL	VHILE AT WORK	CCURRED NOT WHILE AT WORK		OF INJURY TORY, FARM, B gar	(AT HOME,	21f. LC	CATION STREET Tige:	rwood	Ct.	city or to	rkvil	le	COUNTY	to. Co	. Md.
			y that I took char d fram: Noty	Kou	Accident], Su	Autap	Hamic TITLE (S	PECIFY)	Undet	Inquiry ermined m	MINER],	My opinio	8-10-	82
-		(TYPE OR PRIN	vт) НС	ormez R. (ADDRESS								
	Bui	Tal	ION, REMOVAL	8/12/82		name of CE/ lorelan				Z30. LC CITY B	CATION OR TOWN	more	Coi	unty.	, Mary	1 and
5		NERAL DIRECT		ADDRESS		Raven B	lvd.		AUG	1 1 1	REGISTRA 982	AR TO RE	GISTRA	26	rement	





LA51 ADDRESS Deawbaugh Mt. Airv. APPROXIMATE INTERVAL das PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (auc) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 7/16/82 Burral Lauraine Pk. BP 24. FUNERAL DIRECTOR Paul E. Chenoweth 3rd. 3617 Thestnut Ave. (VRA 15, 4)

STATE OF MARYLAND

MONTH

26. HOUR

12b. KIND OF BUSINESS OR

IF UNDER I YEAR ONTHS DAYS

INDUSTRY

DHMH - 16 50M 4/82

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1-	FOR STATE			DEPARTMENT O	FHEALTH		6-6		1	7	0 9	9
	REGISTRAR CEASED NAM PE OR PRINT)	E FIRST	6	MIDDLE Ruby	ī	AST lebert	IE OF DEF	2a. DATE KI	REG. NO	MONTH July	27 ₁₉ 82	R 126 PQ19
3. SE	× emale	4. RACE White	5. DATE OF BIRTH MONTH DAY	6. AGE (IN	YEARS IF UNE	DER 1 YR. IF U	INDER 24 HRS.	2c. DATE PRONOUNC DEAD		монтн 7-	DAY YE 27 198	
We	RTHPLACE (S DREIGN COUNTRY) DST VIC	ginia	76. CITIZEN OF W		8. MARRIE WIDOWE	D D	MARRIED []	8alt:	imore	Cour	-	MD.
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13a.	laryland	Bal		13c. CITY OR TOWN Catonsvil	le		○ 図 319	Lee [Drive			
C	harles		MDDLE	Stanley		Mary		MIDE		2	Smi	th
160.	WAS DECEASE YES, NO, OR UNKNO NO	D EVER IN U.S. AI	RMED FORCES?	218-01-2		Mr. I	ra Hebe:	rt San	ADDRESS	# 13		
MEDICAL CERTIFICATION				BUT NOT RELATED TO THE TO							I 20 ALITOR	SY?
CERTIFICATION		OPERATION		TION FOR WHICH OP	ERATION WA	AS PERFORMED	9?				20 AUTOP	
MEDICAL CE	UNDERLYING CONTRIBUTI	NG CAUSE OF	F DEATH P.W	A. MONTH DAY YE	AR		CURRED (ENTER	NATURE OF INJUR	RY IN ITEM 18 PA	ART I OR PAR	RT 2)	
MED	21d. INJURY C	NOT WHILE AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)		REET		CITY OR TOWN	٧	COL	UNTY	STATE
							1		1			
	death result	· .	rge of the remains during courses		Suicide,	Hamicide	pection	Inquiry L		d in my ap		
	ACTUAL SIGNATURE	NAME (2		Feuer	Suicide ,	Homicide D. SPEC	Under	PICAL EXAMIN	ner .	DATE SIGNE		7-82
73a.	death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI SURIAL, CREMA	NAME ON TION, REMOVAL	redo NRADO 123b. DATE	FERRE	Suicide ,	Hamicide TITLE SPEC D. SPEC ADDRESS S CCREMATORY	Under	CATION ORTOWN	ner	DATE SIGNE	7-2°	2/278 STATE
	ACTUAL SIGNATURE. EXAMINER'S (TYPE OR PRI SURIAL, CREMA (SPECIFY) BULIAL	NAME ON TION, REMOVAL	N RADO 23b. DATE 7/30/82	FERRE	Suicide ,	Homicide TITLE SPEC D. P. CADDRESS ST. CREMATORY C. Cemet.	Under	PICAL EXAMIN PACE DOCATION OR TOWN	NER	DATE SIGNE	T-2	21278 STATE

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				C	TUATE OF	PLAIN	-	REG. NO.			
		CEASED NAME	FIRST	1	MIDDLE		LAST		20. DATE OF DE	ATH MONTH	DAY	YEAR	26 HOUR
	{ I ANE	OR PRINT)	ara			Н	epner			7	11	82	м
	3. SEX	X .	4.	RACE		5. DATE			6. AGE (IN YEARS	LAST BIRTHDAY)		RIYEAR	IF UNDER 24 HRS
		female		W	hite	8 8	27	17	64	YRS	MONTHS	DAYS	HOURS MIN.
1	7a. BI	RTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER	MARRIED -	9. BALTIMORE	CITY OR COUN	ITY OF DE	ATH	
2		Maryland		USA		WIDOWI		NORCED	Balt	imore (Count	v	MD.
	10. CI	TY OR TOWN OF DEAT	TH 11		HOSPITAL, NURSIN		OR OTHER IN	TITUTION	12a USUAL OCC	UPATION	12b.	KINDO	E BUSINESS OR
		Baltimore		683	8 Duluth	Aven	ue		Oper	ator			sserman
É	13a. S	AL RESIDENCE (IF NURSIN	IG HOME OF OT		GIVE RESIDENCE BEFORE		13d INSIDE	CITY LIMITS?	13e. STREET ADD	RESS			
2		Maryland	Balti	more			YES 🗍	NO X		uluth A	Venue		
-	IIL FA	THER'S NAME					15. MOTHER	'S MAIDEN NA		arach A	venue		
9		Joseph	ANIC	DDLE	Kopera		Was	FIRST	M	IDDLE	Krys	LAS	64 - 1-
V	-	VAS DECEASED EVER I	NIIS A PAAR	D FORCES?	166 SOCIAL SECU	DITY NO	17. INFORM	ryanna		ADDRESS	KLYS	ZLO	LIAK
		(ES. NO OR UNKNOWN)	(IF YES, GIVE V										
		no			212 09 6	820	Mario	on Hapne	er 68.	38 Dului			
		18 CAUSE OF DEATH			line for (o), (b), one	d (c).)				TH 1	7.8	APPROXI	MATE INTERVAL ONSET AND DEATH
			MMEDIATE		CERE	BR	AL.	46M	ORRP	65		6	ano
		2503		DUE TO O	R AS A CONSEQUE	NICEOE							
		Conditions, if ony,	which		a FAU		211	ANTIE	2,15 c	41500	3/1		
		gove rise to imme	ediote)									
		couse (a), stating underlying couse	lost.	DUE TO, OI	R AS A CONSEQUE	NCEOF	2112	22 -11.10	12175	Danel	90	· -	0
				(c)									
	z	PART 2. OTHER SIGN	FICANT CO	_	ONTRIBUTING TO E				LE E-7		GIVEN IN	PART 10	3
	은	105	12/10										
7	O A	190. DATE OF OPERATI	ION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPS				OF DEATH?
	CERTIFICATION	12.00							YES N	OP	YES 🗌		NO 🗆
1	8	210. ACCIDENT WAS UNDE		216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW I	NJURY OCCURE	RED (ENTER NATURE	OF INJURY IN ITEM	B, PART 1 OR	PART 2)	
/	AL	OR CONTRIBUTING CA		P.J		19							
	MEDICAL	21d INJURY OCCURRE		21e. PLACE			21f. LOCAT		4-25				
	¥	WHILE NOT WHILE	E 🗍	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC)	STREE	T	CI	TY OR TOWN	co	UNTY	STATE
		AT WORK AT WORK		0 0 1 1 1	1. 1.6	19	75		-5	120			
		22a I certify that (1) (sow the deceased		10000	geceosed from _	- / /		, 19	deoth occurred or	the determined to	_, 19		that (I) (we) lost
		obove, (1) (we) (de						p(opinion)	deoin occurred bi	The dote ond h			
		226. SIGNATURE		m			DEGREE				22	L. DATE	SIGNED
		Court	Dece	37(1	run	21	20	PHYSICIAN	DIRECTOR	STAFF PHYSICIAN		1/	12/82
		22d. PHYSICIAN'S NA	ME (TYPE OR P	RINT)			22e. ADDRE					-	1 0.000
		Enrique	A. I	Herrer	a, M.D.		100	1 Dund	alk Ave	enue 2	1224	Bal	to.Mo

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

MPORTANT: If He

Walter Dabrowski

23b. DATE

7/15/82

230 BURIAL, CREMATION, REMOVAL

Burial

24. FUNERAL DIRECTOR

1005 Dundalk Avenue

23c. NAME OF CEMETERY OR CREMATORY

Holy Rosary

23d. LOCATION
CITY OR TOWN

Baltimore 25a. DATE REC'D.

COUNTY

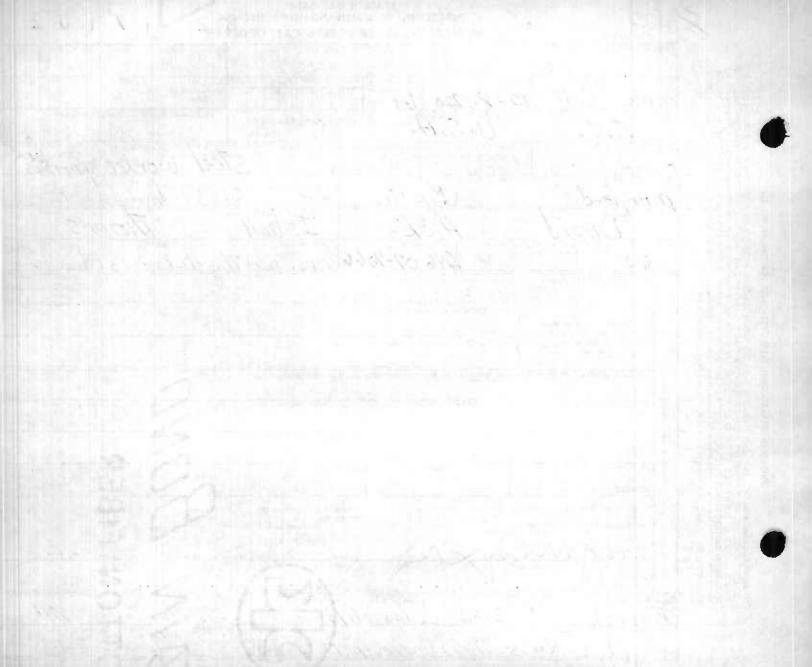
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	1	1,	FOR	DEPAR		MARYLAND TH AND MENTAL	HYGIENE 9	7103
	10		STATE REGISTRAR	MEDICAL	EXAMINER'S	CERTIFICATE	KEG.	
			CEASED NAME FIRST PE OR PRINT)	MIDDLE		LAST	20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26 HOUR
	A 목 전 등 년		NAPOLI			HICKS	DEATH MATED	- / 20 19 02 M
	名の正立品	3 SE	1. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS IF	UNDER 1 YR. IF UND	ER 24 HRS. 2c. DATE MIN. PRONOUNCED	MONTH DAY YEAR 24 HOUR 5:50
	その転換)	VM	IRTHPLACE (STATE OR	12 - 8-1920 The CITIZENIOF WHAT COU	VRS.		DEAD	7 28 1982 Tam
-	BOSES	70. B	DREIGN COLUMNY)	1.5.1	MAI MAI	RRIED NEVER MAR	RRIED	
-	NE 2003/ +	10. €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N			120. USUAL OCCUPATION (1	re County TYPE OF WORK 12b KIND OF BUSINESS.
	PELAY IS TO THE P PR FILED	rs	parrows Point	Sparrows Poil	nt Dispensa	ary	SPEEN WO	orkee sparrous
21201	2, AND 3. RETAIN SHOULD BE RECOVER		AL RESIDENCE (IF IN NURSING HOME TATE 131 COUN		Y OR TOTAL	13d INSIDE CITY LIMITS? YES P NO [_ ' / / / /	rondson Ave.
RE, MD.		6	DAVID	MIDDLE HIC	assiks	15. MOTHER'S MAI	DEN DIAME MIDDLE	Thomas
BALTIMORE	IN THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH TE. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES I, RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. PAGE 3 SHOULD BE USED AS A BURIAL "TRANSIT PERMIT, PAGES I AND: STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OFWITH. 2 1201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	16a \	VAS DECEASED EVER IN U.S. AR/ ES. NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	6-07-7061	6 Mrs. D	orothy Hickson	26/3 Edmondson
1	18. GINES	Г	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO S	TEM HERA	1	4292 IMMEDIA	E CAUSE (a) Arterio		cardiovaso	cular disease	
PRESTON	LSI ANOW		Conditions, if ony, which	DUE TO, OR AS ACC	NSEQUENCE OF			
× .	WINE MINE TRAI OR R		gave rise to immediate couse (a) stating the under-	(b) DUE TO, OR AS A CO	NSEQUENCE OF			
201	EXA EXA EXA EXA ON,		lying cause last.	(c)				
RECORDS,	BE EXECTIONS AND A BURNER AND A	N.	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING 10 OEATH BUT NOT RE	ATEO TO THE TERMINAL OIS	EASE OR CONDITION GIVEN IN	PART 1 (q).	
	PEN MEN MEN MEN MEN MEN MEN MEN MEN MEN M	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOI	WHICH OPERATION	WAS PERFORMED?	Mary State	20 AUTOPSY?
VITAL	SHOULD ORD "PE CHIEF N E USED N T OF HE] H						YES 灯 NO 🗆
O	FICATE WOOD THE WOOD		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONT		HOW INJURY OCCUR	RED FENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
DIVISION	CERTING DED T 3 SH DEPA	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJUR		LOCATION	CITY OR TOWN	COUNTY STATE
ā	WRI WARE VARE PAGE 120	1	AT WORK AT WORK	3				
	ATE. SPEC		22a I certify that I taak charg	e of the remains described ab	ave, held an Aut	opsy . Inspec	tian . Inquiry .	and in my opinian
	EXAMINER: CERTIFICATE OUD BE FOR: DIRECTOR: I, WITH THE S		death resulted from: Natur	ol causes X, Acciden	, Suicide	, Homicide	Undetermined monner	
•	WAR WAR		ACTUAL MAN	2 NOV		TITLE (SPECIFY)	ant_medical examiner	DATE 7-20-82
	SHOW SHOW		SIGNATURE	WY X		M.D. ASSIST	ZIII MEDICAL EXAMINER	SIGNED / - 20-02
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S' BALIMORE, MARYLAND,	4	(TYPE OR PRINT) Ann	M. Dixon, M.). <u> </u>	ADDRESS 111 F	Penn St., Balto	., Md. 21201
	7	230. E	URIAL, CREMATION, REMOVAL 2	36. DATE 23c	Pame of CEMETERY	ORCREMATORY	23d. LOCATION CITY OR JOHN A / HU.	coco. Art
1604	BP	24. F	UNERAL DIRECTOR	ADDRESS	CUITE III	25a. DA1		PISTRAR'S SIGNATURE
	(VR A15 ME (5))	11	Carol Va	2000	. 11- 41	HIP N	110 - 9 1000	and Cambridge



FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH					
I. DECEASED NAME	FIRST	,	AIDDLE		LAST	REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR				
(TYPE OR PRINT)	MAUDE	Isa	abel	HIL	L	JULY 15, 1982 900				
3. SEX		4 RACE		5. DATE		6. AGE (IN YEAR JIRTHDAY) IF UNDER 1 YEAR IF UNDER 2				
Female		Whit	e	Apri	1 28, 1827	95 YRS.				
Maryland		U.S.	what country? $oldsymbol{A}$.	MARRIE WIDOW:	D NEVER MARRIED DED DIVORCED	Baltimore County Baltimore County				
Towson	DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	or other institution dical Center	120 USUAL OCCUPATION (TYPEOF WORK FOR YOST OF WORKING LIFE) INDUSTRY HOMEMAKET				
USUAL RESIDENCE (# 130. STATE Maryland		ROTHER INSTITUTION VIY	GIVE RESIDENCE BEFORE 13. CITY OR TOW TOWSON		13d INSIDE CITY LIMITS?	1854 Tandrake Rd. 21204				
Albert		MIDDLE S.	Share	2	15. MOTHER'S MAIDEN NA Sue	MIDDLE Hubbard LAST				
YES NO OR UNKNOWN		MED FORCES? VE WAR OR DATES)	218-18-1		Mr. Austin I	L. Reynolds, same as #13e				
gove rise to couse (o), sunderlying c	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10.									
190 DATE OF OP	ERATION	196 CONDI	DITION FOR WHICH OPERATION WAS PERFORMED			200. AUTOPSY? 20b. IF YES, WERE FIND INGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO NO				
OR CONTRIBUTING	CAUSE OF DE	R) P./	M. MONTH DA	AY YEAR		RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
ANUITE NO										
The Status	22a I certify that (i) this hospital) expended the deceased from 19 and that in any 1 ur) apinion death accurred on the date and hour and from the causes stated this data in any 1 ur) apinion death accurred on the date and hour and from the causes stated this data in any 1 ur) apinion death accurred on the date and hour and from the causes stated this data in any 1 ur) apinion death accurred on the date and hour and from the causes stated this data in any 1 ur) apinion death accurred on the date and hour and from the causes stated this data in any 1 ur) apinion death accurred on the date and hour and from the causes stated this data in any 1 ur) apinion death accurred on the date and hour and from the causes stated this data in any 1 ur) apinion death accurred on the date and hour and from the causes stated this data in any 1 ur) apinion death accurred on the date and hour and from the causes stated this data in any 1 ur) apinion death accurred on the date and hour and from the causes stated this data in any 1 ur) apinion death accurred on the date and hour and from the causes stated this data in any 1 ur) apinion death accurred on the date and hour and from the causes stated this data in any 1 ur) apinion death accurred on the date and hour and from the causes stated this data in any 1 ur) apinion death accurred on the date and accurred to the data in any 1 ur) apinion death accurred on the data in any 1 ur) apinion death accurred on the data in any 1 ur) apinion death accurred on the data in any 1 ur) apinion death accurred on the data in any 1 ur) apinion death accurred on the data in any 1 ur) apinion death accurred on the data in any 1 ur) apinion death accurred on the data in any 1 ur) apinion death accurred on the data in any 1 ur) apinion death accurred on the data in any 1 ur) apinion death accurred on the data in any 1 ur) apinion death accurred on the data in any 1 ur) apinion death accurred on the data in any 1 ur) apinion death accurred on the data in any 1 ur) apinion death accurred to a ur) and 1									
THE COLUMN	//	lmore, M	.D.		1717 York R	d.				
230 BURIAL, CREMATI		236 DATE 7-19-			EMETERY OR CREMATORY Valley	23d LOCATION CITY OF TOWN COCKEYSVILLE, Maryland				

D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

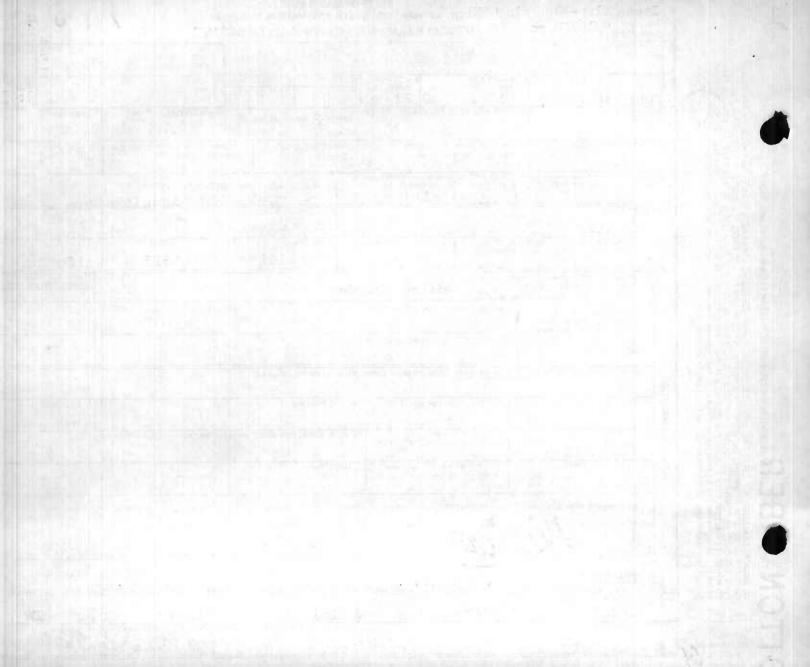
24 FUNERAL DIRECTOR

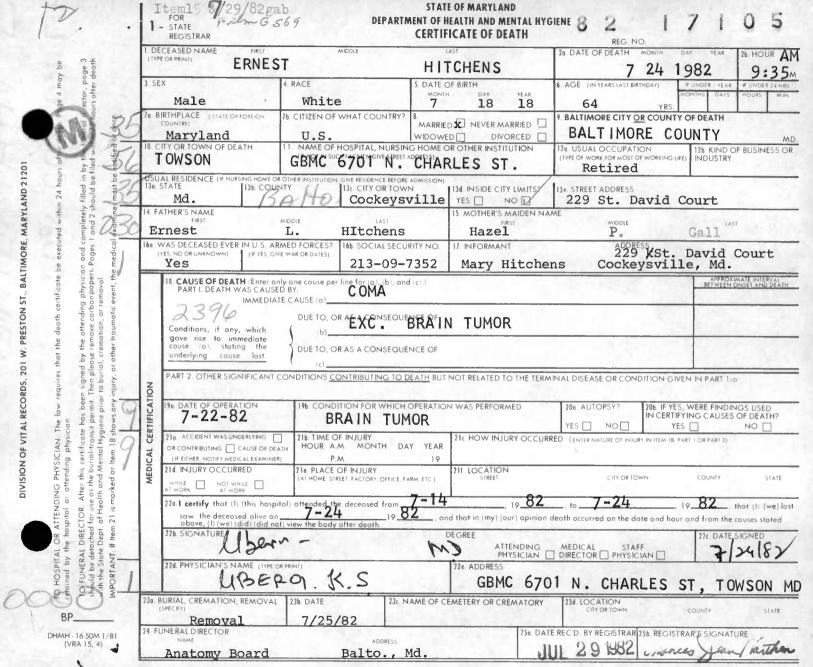
Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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X	,	-	tems #18a-22a 1 STATE 9/16/82 re		DEPARTMENT OF			F DEAT	H	REG. NO.	7	1	0	4
	2 3 5 5 E		CEASED NAME FIRST Shir	ley A.	Gaines	2	Hill	20	DATE KN OF DEATH A	NOWN ESTI-	MONTH 7		YEAR 82	2b. HOUR
	NRY, PLEASE DIRECTOR. OF FILES. THOURS ON STREET,	3. SEX	emale Black	5. DATE OF BIRTH	5 50 31 Y		DER 1 YR. IF UNDER	24 HRS. 2c MIN PR	DATE CONOUNC DEAD	ED	MONTH 7	16	YEAR 19 82	2d, HOUR 1:45F
6	IS NECESSARY E FUNERAL DII	FO	RTHPLACE (STATE OR REIGN COUNTRY) N.Y.	76. CITIZEN OF W	HAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		ED 🗆				County		MD.
	PAGE PAGE SEFILED		TY OR TOWN OF DEATH ESSEX	Frank	Klin Square	Hosp	OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE)				OF WORK	OR INDUSTRY		
21201	AND 31 AND 31 RETAIN RECORD	130. S	LESIDENCE (IF IN NURSING HOLE TATE MD 136 COUN	OR OTHER INSTITUTION, C 1TY	Baltimor		13d. INSIDE CITY LIMITS? YES NO	13e. STREE		isqui	t.h	S+		
WD	MA 3.	14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDE FIRST		MIDE	-			LAST	
AORE	A A B E A B		Chester VAS DECEASED EVER IN U.S. AR		Perry	Y NO.	Mabel:	le		ADDRESS	Win	sto	n	
ALTIA	AFTE SIVE P ISION		es, no, or unknown) (1F yes, give	WAR OR DATES)	N/A		Geraldi	ne Hi	111 1	1525	N.	Wol	fe S	St.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINES: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. If ANY DELAY IS EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING" IN PROLLI IN ITEM 18. GIVE PAGES 1.2, AND 31OT THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PREMIT, PAGES 1 AND 2 SHOULD BE FILED AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGEINE, DIVISION OF WITH RECORDS, POIL BAUTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE STANDARD I MMEDIA Conditions, if ony, which gave rise to immediate cause (a) stating the under lying cause lost.	TE CAUSE (o) DUE TO, OI	e for (o), (b), ond (c).) Seizure di. R AS A CONSEQUENCE R AS A CONSEQUENCE	OF	r						PPROXIMATE WEEN ONSET	INTERVAL AND DEATH
ECORDS	BE EXECTION OF THE PROPERTY OF	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS		39.7			RT 1 (a).						
ITAL R	SHOULD SRD "PE CHIEF A CHIEF A	TIFICAT	196. DATE OF OPERATION	196 COND	ITION FOR WHICH OPE	ration w	/AS PERFORMED?						YES XX	
ON OF	THE WE TO THE WARTINED BY ARTIMEN	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P./	M. MONTH DAY YEA M. 19	R	OW INJURY OCCURRE	D (ENTERNA	TURE OF INJUR	RY IN ITEM 18 PA	RT 1 OR PA	ART 2)		
DIVISI	HIS CERT WRITING WARDED WAGE 3 SH WAGE 3 SH WATE DEPV	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION STREET		CITY OR TOWN	٧	cc	YTHUC		STATE
•	JICAL EXAMINER: 1 ETHE CERTIFICATE, 1 SHOULD BE FORW. 1 SEATH, WITH THE SI 1 ORE, MARYLAND, 3		22a I certify that I took chord death resulted from Alfan ACTUAL SKINATURE	ge of the remains de		Autop vicide	Assistant	Undetern	Inquiry [mined mon	ner .	DATE SIGN	ED	7/17/	82
	NO PER COLLEGE AND			rmez R. G						t,Balt	:0.,	MD 2	21201	
2501	BP	(3	URIAL, CREMATION, REMOVAL SPECIFY) Burial UNERAL DIRECTOR	7/22/82	236. NAME OF CE		rial Pk.	23d. LOC CITY OR Bal	timo	re 256 REGIS	C	O.	M	ATE ID
	DHMH - 17 (VR A15 ME (5)) 20M 4/B2 M		m. C. March	F/H 110	o D1 E. Nort	h Ay		1 21	1982	Pagnes	UV	A	Nath	ac.

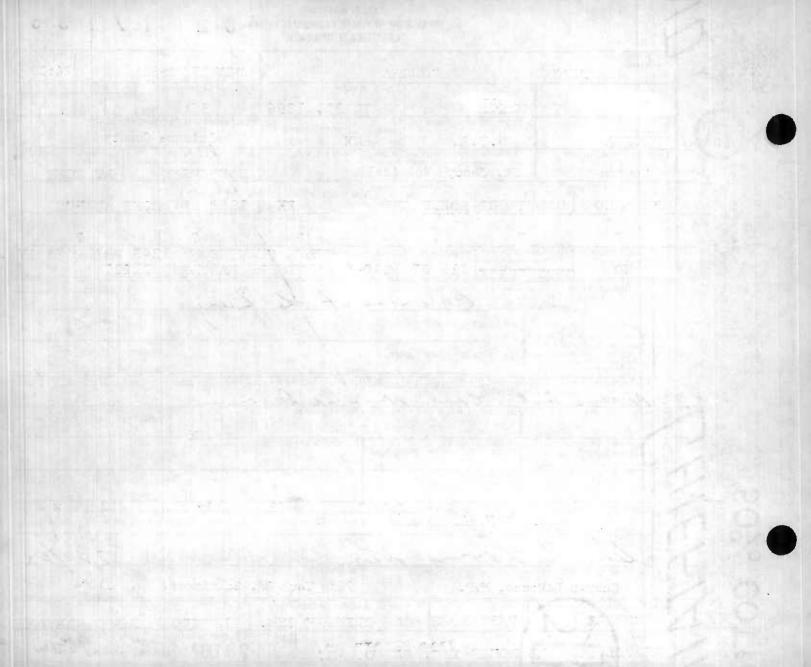
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to married that and I am A FREE DEEP TO JAC TE STUDY OF THE ST. 1 22-12 €\$10 F LANCE TO BE CHARLES ST, TENSON

4	,	FOR STATE REGISTRAR		DEPARTA	MENT OF I	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 2	1 7	106
m.d		CEASED NAME FIRST	M	NIDDLE		AST	20. DATE OF DEATH		Α
y be		NELLII		HODU	LKA		JULY 27,	1982	4:30 A
2 4	3. SE	X	4. RACE		5. DATE		6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
1 1		MALE	WHITE		APR		86	YRS.	
F (MA)	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) RUSSIA	76. CITIZEN OF V	WHAT COUNTRY?	8 MARRIE WIDOW	D NEVER MARRIED		or County of DEAT	MD.
of the same of the	10. C	Towson	(IF NOT IN SUCH	OSPITAL, NURSING STREET HOS	ADDRESS1	OR OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF HOUSEWIE	OF WORKING LIFE) INDUS	HOME
filled in fould be i	130.	AL RESIDENCE (IF NURSING HOM STATE 13b. CC ARYLAND BA		GIVE RESIDENCE BEFORE 13c. CITY OR TOW ROSEDAI	N.	13d. INSIDE CITY LIMITS? YES NO XX	130. STREET ADDRESS 1243 PRI	MROSE AV	
completely ond 2 sh	14. F.	ATHER'S NAME	WIDDLE	CAST ?		15. MOTHER'S MAIDEN NA	S WIDDLE		LAST ?
n ond co		WAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (1F YES	ARMED FORCES? GIVE WAR OR DATES)	213 07	151	D BALTIMO	TEVENSONDER RE MARYLAN		MROSE AVE
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rattending physician. After this certificate been signed by the ottending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to buriol, cremotian, or removal. orked or them 18 shows any injury, or other traumatic event, the medical examiner must be heart or them.	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN ARTUMOS 19a. DATE OF OPERATION	DUE TO, OR (c) IT CONDITIONS CO	Malia	ENCE OF	NOT RELATED TO THE TERM	20a AUTOPSY?	206. IF YES, WERE FII	NDINGS USED USES OF DEATH?
PHYSICIAN: The le anding physicion. this certificote has be build-transit person de Annal Hygiene dor them 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH HOUR A.M	A. MONTH DA	YEAR	21c. HOW INJURY OCCUR	YES NOTER NATURE OF INJU	YES THE PART I OR PART	NO [
DING PHYSI or affending After this ce te os the buri olth ond Mer	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C			211 LOCATION STREET	CITY OR IC	OWN COUNT	Y STATE
ITAL OR ATTEND by the hospital oby the hospital ob the thouse the detached for use store Dept. of them 21 is m		22a.1 certify that (f) (this has sow the deceased alive abave, (M (we) (did) (electron 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TV	PE OR PRINT)	ofter death.		3 , 19 82 nd that in (m (aur) opinion DEGREE ATTENDING PHYSICIAN (12) 220. ADDRESS 7620 York R	MEDICAL STA	FF ZIAN D	n the causes stoted DATE SIGNED 204
TO HOSP Getoined TO FUNE with the S	23a.	BURIAL CREMATION, REMOVE BURIAL	Rocco, M. AL 23b. DATE 7/30/	23c. h		EMETERY OR CREMATORY CRINITY CEM	236 LOCATION CITY OF TOWN	COUNTY	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR DIPPEL FUNER				25e DA1	TE REC'D. BY REGISTRAR		



A FUNERAL DIRECT Poring Byers Funeral Directors, Inc.

8728 Liberty Road Randallstown, Maryland 21133 JUL 13 1982

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1982

Miles

IF UNDER I YEAR

INDUSTRY

12b. KIND OF BUSINESS OR

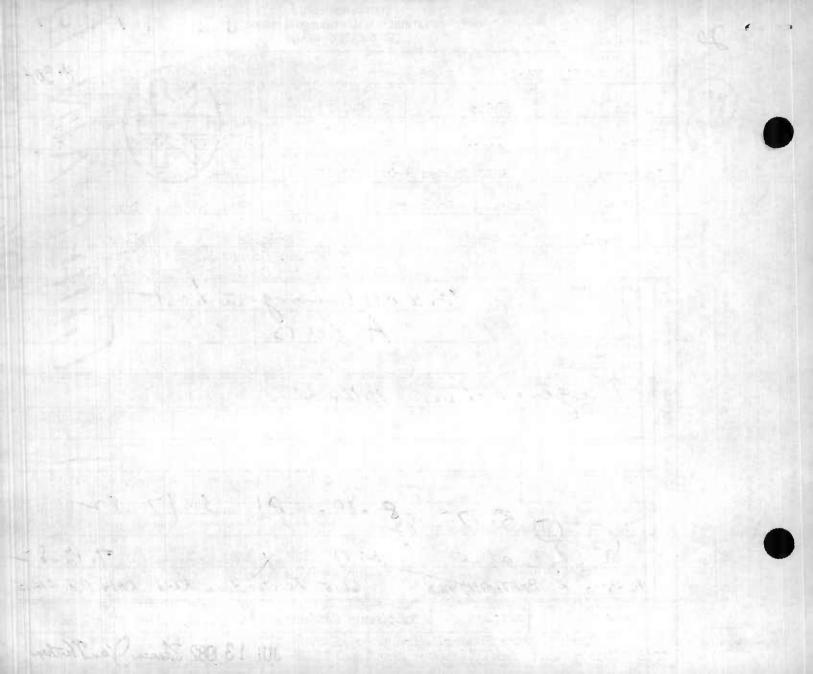
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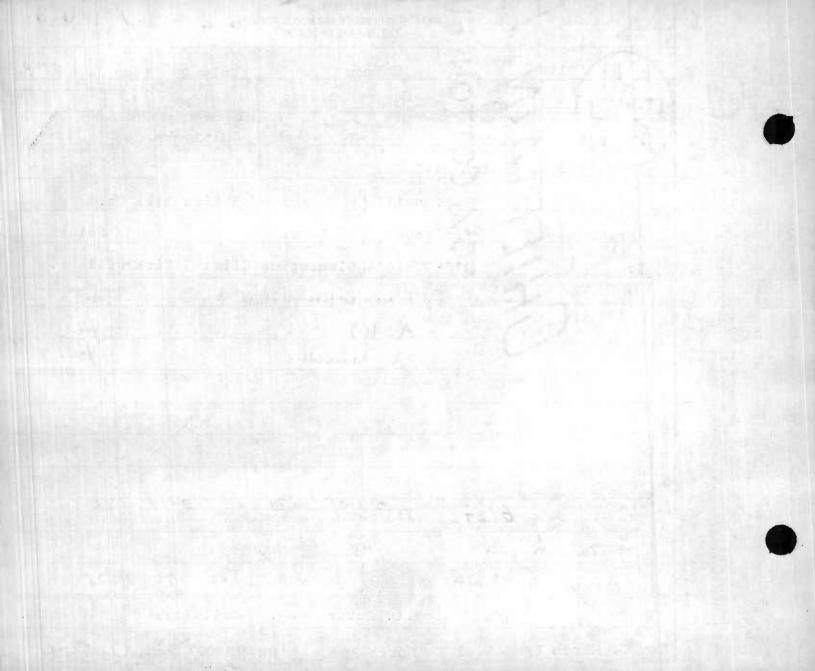
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STATE

COUNTY

22c. DATE SIGNED





9 5	1.	FOR STATE REGISTRAR	a-cca ri				AND MENTAL H	YGIENE OF DEATH	1 7 REG. NO.	109
		CEASED NAME PE OR PRINT)	Jacob		E.		Hull	20. DATE KNO OF E DEATH MA	OWN A MONTE	24 19 82 M
N STREET	3. 5E	ale	RACE Black	5. DATE OF BIRTH MONTH DAY 12 6	YEAR LAST BI	RTHDAY) MONT	NDER TYR. IF UNDER	24 HRS. 2t. DATE MIN. PRONOUNCE DEAD	монтн D 7	
A POR MANA SA	Za. B	IRTHPLACE (STA		76. CITIZEN OF W		10	IED NEVER MARR	IED W	more Cou	NTY OF DEATH
TO THE FULL PACKE S. V. V. S. S. ZOT W. S. S. ZOT W. S. S. ZOT W.	E	SSEX		11. NAME OF HOS (IF NOT IN SUCH FA	SPITAL, NURSING HI ACILITY, GIVE STREET ADDR Square H	ospita			ION (TYPE OF WORLD	OR INDUSTRY
D. 21201 F ANY DEA 3. RETAIN PA 3. RETAIN PA 3. RECORDS.	136 S	Md.	FIN NURSING HOME O 13b. COUN		13c City OR TOW Baltimo	/N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2141 Mt.	Holley	Street
# E-29501	P	ATHER'S NAME Hilary		J.	Hull		Mamie Normant		I ADDRESS	eatherbury
BALTIMORE S. AFTER DEA GIVE PAGES TITH FORM P PAGES I AN IVISION OFT.	16a. \	Yes, NO, OR UNKNOW	EVER IN U.S. ARA	MED FORCES? WAR OR DATES}	217-34-					evindale Rd
, 201 W. PRESTON ST., UTED WITHIN 24 HOUR IN PENCIL IN ITEM 18. EXAMINER ALONG WRAL TRANSIT PERMIT D MENTAL HYGIENE, ON, OR REMOVAL.		PARTIDEA 129 Conditions gove rise	IMMEDIAT If ony, which to immediate toting the under-	DBY: TE CAUSE (o) DUE TO, OR	for (o), (b), ond (c). Arteriose As a Consequen As a Consequen	Lerotic ICE OF	cardiovas	cular dis c a	se	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
L RECORDS. ULD BE EXEC "PENDING" FP MEDICAL FP ABUILD AN HEALTH AN AL, CREMATI	ATION	PART 2 OTHER SIGN			BUT NOT RELATED TO THE		E OR CONDITION GIVEN IN PA	RT 1 (a).		2D AUTOPSY?
DF VITAL RE SHOULD SHOOK WE WORD "PE HE CHIEF A HE CHIEF A HE USED. O BURIAL, O	CERTIFICATION	210. EXTERNAL		21b. TIME OF	F INJURY		OW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR	YES X NO D
DIVISION OF VITAL RE R: THIS CERTIFICATE SHOULD VTE, WRITING THE WORD "PEI SRWARDED TO THE CHIEF M R: PAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEA D, 21201 PRIOR TO BURIAL,	MEDICAL	UNDERLYING CONTRIBUTIN 21d INJURY OC WHILE AT WORK	G CAUSE OF D	DEATH P.M		DE, 21f LC	CATION STREET	CITY OR TOWN	(COUNTY STATE
THE CERTIFICATION BE FAIL DIRECTO AND THE CERTIFICATION BE FAIL DIRECTO ATH, WITH THE SE, MARYLAN		220 I certify deoth resulted ACTUAL SIGNATURE	-	e of the remains de college &	Accident S	Suicide Autor	Homicide TITLE (SPECIFY)	Inquiry Undetermined monni	DAT	E 7.405.400
TO MEDIC EXECUTE FOR EXECUTE TO FUNE S AFTER DE BALTIMOI		EXAMINER'S N (TYPE OR PRIN	T)		Smlth, M		ADDRESS		Ito., ME).
BP	L	BURIAL, CREMAT SPECIFY) BURI UNERAL DIRECT	AL	7-29-82		Memor		23d LOCATION CHYOR TOWN Baltim REC'D. BY REGISTRAR		SIGNATURE
DHMH - 17 (VR A15 ME (5)) 20M 4/82		NAME		F/H 110	1 E. Not	cth Av		27 1982	Them 9	an Moth

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		OF CHETO .	Į,

STATE OF MARYLAND

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		REGISTRAR			CEKTIF	ICATE OF DEATH		REG. NO.				
		OR PRINTS	ELYN	MIDDLE	HYDE	ast B		July 21,	1982	2b HOUR M		
	3. SE	Female	4. RACE White		July		6. AGE (IN YE	ARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 74 HRS HOURS MIN.		
)		RTHPLACE (STATE OR FORE) Maryland	75 CITIZEN OF U.S.A	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED		ECITY OR COUN imore Cou		MD.		
2	10. CI	TOWSON		HOSPITAL, NURSING THE FACILITY, GIVE STREET A TOWSON		ng Home	170 USUAL C	OUSUAL OCCUPATION 126. KIND OF BUSING STATES LADY				
5	130. 5	AL RESIDENCE (IF NURSING PATE) TYPIAND TYPIAND TYPIAND	ome or other institution COUNTY Baltimore	GIVE RESIDENCE BEFORE 13(CITY OR TOWN TOWSON		13d. INSIDE CITY LIMITS? YES NO	13615EET	nestnut 1	Avenue	17		
0	14. FA	John John	J.	Kirkwood	ı	13. MOTHER'S MAIDEN NA	AME	WIDDLE	Willia	ms		
		VAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	212-12-22	Pickersgill	17. INFORMANT ADDRESS Pickersgill Home 615 Chestnut						
	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								0		
7	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ONDITION FOR WHICH OPERATION WAS PERFORMED					YES, WERE FINDING CAUSES			
Y	MEDICAL CER	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (JF EITHER NOTIFY MEDICALE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	E OF DEATH HOUR A XAMINER) P 21e PLACE	OF INJURY .M. MONTH DA .M. OF INJURY REET FACTORY, OFFICE, FA	19	21t. HOW INJURY OCCUR	RRED (ENTER NAT	URE OF INJURY IN ITEM I	18 PART : OR PART 2) COUNTY	STATE		
		22a I certify that (‡) (### sow the deceased a	2a certify that (1) (M. Charatel) attended the deceased from Suute 21, 1987, to Sulf 1, 1987, that (1) (m.) Lid sow the deceased alive on above, (1) (m.) Lid (did not) view the body after death.									
		22d PHYSICIAN'S NAME Keith A	(TYPE OR PRINT) . Manley, I	M.D.		1818 Pot S	Springs	Road Ti	monium,	Md.		
	23a. 8	BURIAL, CREMATION, REM	NOVAL 235 DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCA	TION				

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial hould be detached for use as the burial-transit permit. Then please remove carbanpapers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal. IMPORTANT: If Hem 21 is marked or Item 18 shaws any injury, ar other traumatic event, the

O HOSPITAL OR ATTENDING PHYSICIAN: The

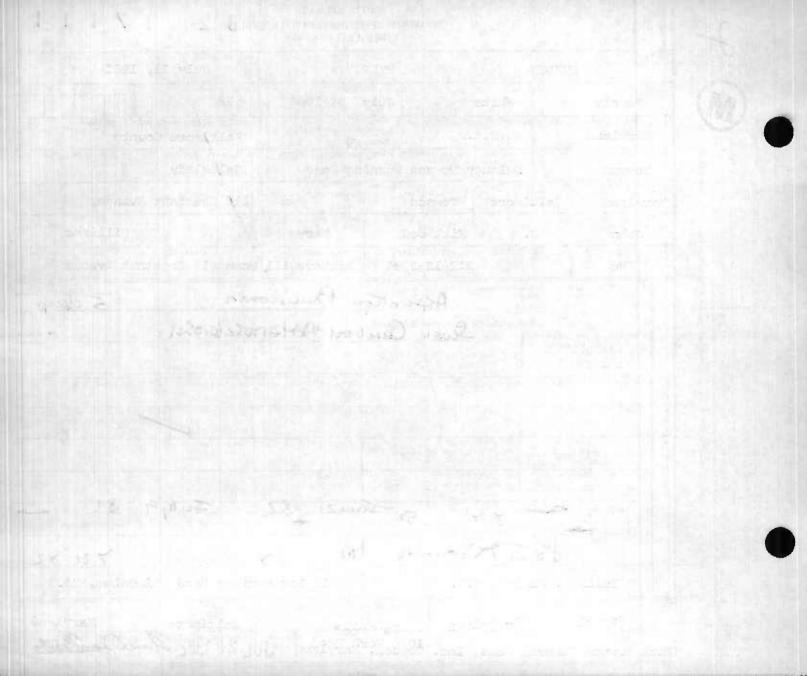
74 FUNERAL DIRECTOR
Ruck Towson Funeral Home, Inc. Towson, Maryland

7-23-1982

Burial

Baltimore

Maryland



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CEKTIF	ICATE OF DEATH		EG. NO.		
	CEASED NAME	FIRST		MIDDLE		AST	2a DATE OF DE		DAY YEAR	2b HOUR
(TYPE	OR PRINT!	Ethel	V		Ing	lis	July	13.	1982	
. SE)	(4 RACE		5. DATE C		6 AGE (IN YEARS		IF UNDER I YEAR	F UNDER 24 HRS
F	emale		White		De		79	VI	MONTHS DAYS	HOURS MIN
BI	RTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8				INTY OF DEATH	
	New Jerse	v	U.S.A		WIDOWE	D NEVER MARRIED DIVORCED	Balti	more C	ounty,	M
) CI	TY OR TOWN OF DE		11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCC			OF BUSINESS O
	Cockeysv	ille	14 B	eehive Pl	Lace	Apt. E	(TYPE OF WORK FOR	ok Keer		
JSUA 30 S	AL RESIDENCE (IF NUE	13b COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?				
	aryland		timore	Cockeys		YES NO	14 Beef	ive Pl	ace Apt	. E
I FA	THER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIDEN NA		DDIE		
	Unknown		MDOLL.	Veale		FIRST UNK	MOWN ^	DDIE	L	ST
	AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRESS		
{*	No.	(IF YES, GIVE		218-22-8	856	John P. Pow	ell. Sr.	5700 W	Villiams	Road
CERTIFICATION	PART 2 OTHER SIG					NOT RELATED TO THE TERM	NINAL DISEASE OF	111	GIVEN IN PART 1	3-114
RTIFIC								IN CE	RTIFYING CAUSE YES	S OF DEATH?
	OR CONTRIBUTING	CAUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM	A 18, PART I OR PART 2)	
MEDICAL	21d. INJURY OCCUR		21e. PLACE			21f LOCATION STREET	CI	Y OR TOWN	COUNTY	STATE
	22a I certify that (1 saw the decea above (1) well 22b. SIGNATUR	this hospit	10- 7	5 10 /	32,00	nd that in (Dy) (our) opinion	, todeoth occurred or	the date and		, that (we) lo e couses stoted E SIGNED _
	O DAYS CIANTER	elv	gou	one		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	7-	15-81
	Robert			D.		714 York Ro	ad Tows	on, Mar	ryland	100 Se
23a B	URIAL, CREMATION	REMOVAL	1	100		EMETERY OR CREMATORY	23d LOCATIO		COUNTY	STATE
Bu	rial		July 1	.6,198 2 Dul	Laney	Valley Cem.	Cockey	sville	Balto.	, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

IMPORTANT: If Hem 21 is marked at Item, 18 shows ony injury, or ather troumotic

Ruck Towson Funeral Home, Inc. Towson, Md. 21204 24 FUNERAL DIRECTOR

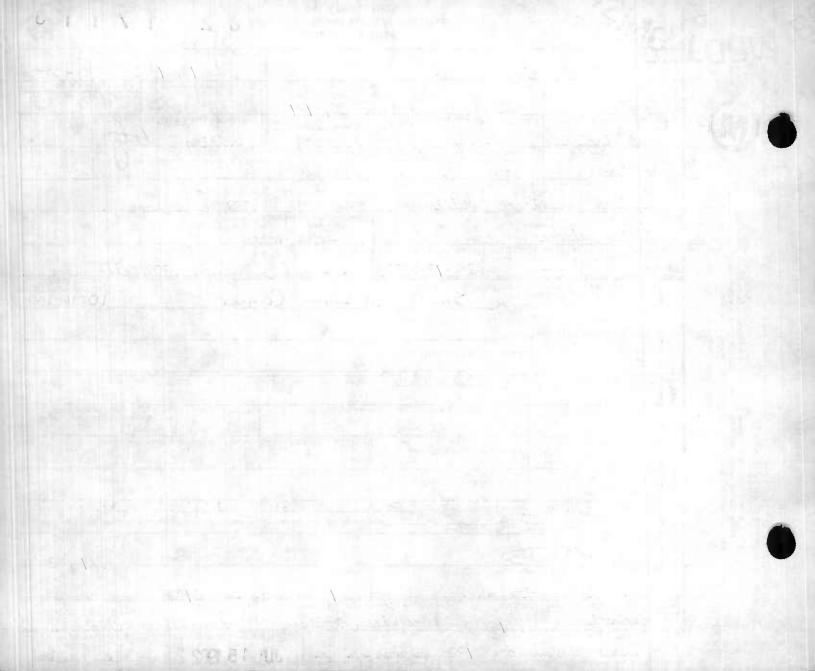
Cockeysville Balto., Md.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Street of the st 10 Lac. 11, 1342 ic James J.J. TELES CO S.SC COST EVEN OF THE CHI 16,57,55.31 Circle Book Committee Comm

Edd Total Company Fig. ''D mo s, t. flace

Jak in March 1810 Co. Come until March 1810.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 50M 1/B1 (VRA 15, 4)

- STATE

REGISTRAR

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

2b HOUR

176 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO T

STATE

COUNTY

IF UNDER 24 HRS

82

IF UNDER I YEAR

The state of the s 1. 5 Concellations Bathmare Co. So. Harry Della Mile Ship Hard Market Market Company and the Company of the Compan

deoth. Poge 4 moy be

executed within 24 hours

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

ond completely filled in by the Poges 1 and 2 should be filed.

should be detached for use as the burial-transit permit. Then please remove carbangapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

6		FOR - STATE REGISTRAR	*		DEPARTA	MENT OF H	E OF MARYL BEALTH AND FICATE OF	MENTAL HYG	IENE 8	2 REG. NO.	1	7		1 5		
		CEASED NAME	FIRST		WIDDLE		AST		20 DATE OF D			DAY YEAR	10	HOUR		
1			arry	R	•	JANS			July 7					9:45P _~		
1)	1 SE	Male		4. RACE White	e]	S. DATE O	ber 19	1924	6. AGE (IN YEA)	RS LAST BIRTHE	YRS	MONTHS DAYS HOURS				
35	4	IRTHPLACE (STATE OR F COUNTRY) Maryland	i	U.S.A. WIDOWE				NORCED	Baltimore Balti	_				MD		
57		Rossville		Frank]	NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Franklin Square Hosp			TITUTION		OR MOST OF W	CUPATION R MOST OF WORKING LIFE) Operator 12b. KIND OF BUSIN INDUSTRY Steel (
35	13a.	AL RESIDENCE (IF NORS STATE Md.	13b COUN		136. CITY OR TOWN	N	13d. INSIDE O	NO A	13e STREET AD 502 S.	DRESS Mar	lyn i	Ave.	212	21		
3c	14. F/	ATHER'S NAME FIRST Freder	rick	WIDDLE	Jansen		15. MOTHER'S MAIDEN NAME FIRST Anna B. Green						IAST			
1		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	218 18 5)	Same			
		PART I. DEATH W Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	AS CAUSE IMMEDIAT which nediote g the	D BY: TE CAUSE (o) DUE TO, O	Respirat RAS A CONSEQUE Hepatic RAS A CONSEQUE	ory A Carci						BETWE	N ONSE	INTERVAL Y AND DEATH		
	ATION	PART 2 OTHER SIGN			ONTRIBUTING TO D				200 AUTOPS							
2	CERTIFICATION					OFERATIO			YES .	10 %	N CERTIF YE	S, WERE FIN YING CAUS S	SES OF	DEATH?		
9	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	P.,	m. month da m.	Y YEAR		JURY OCCURR	ED (ENTER NATUR	RE OF INJURY II	N ITEM 18 P	ART I OR PART 2	1)			
	ME	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	K		PEET, FACTORY OFFICE FA		21f. LOCATION STREET			CITY OR TOWN		COUNTY		STATE		
		22a. I certify that it sow the decease above, it (we) it 22b. SIGNATURE			e deceased from			, 19 <u>82</u> (our) opinion o		uly /	ond hou		he cous			
		22d PHYSICIAN'S NA	ME (TVE		0			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	×	7		-82-		
		Humbe	rto H	ernande	z, M.D.			Frankli	n Squar	e Dr.	, 21	237				
	724. 5	Burial CREMATION	REMOVAL	PAR DATE			Heart (CREMATORY Cemetery	Balt		e Cor	nty,	Md.	STATE		

DHMH - 16 50M 1/81 (VRA 15, 4)

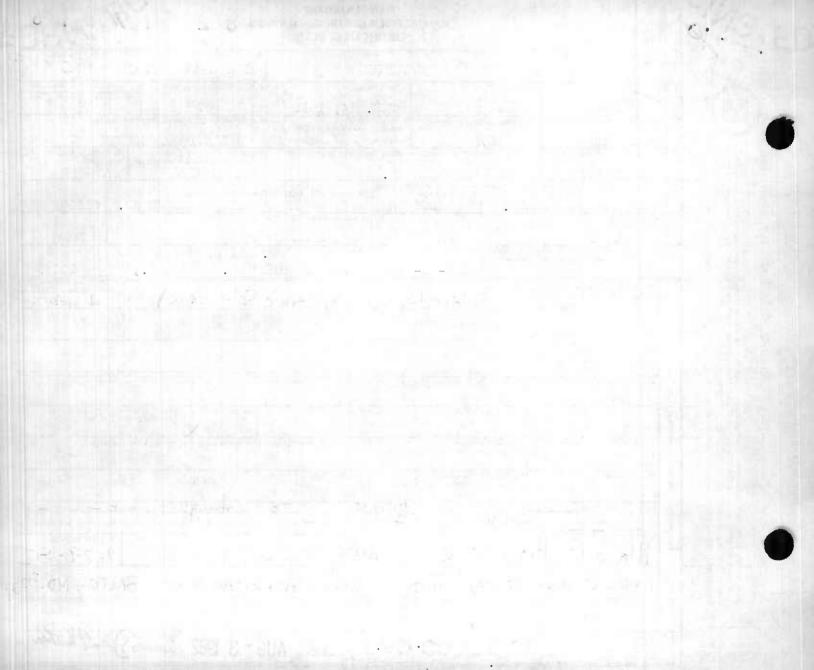
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O FUNERAL DIRECTOR: After this etoined by the hospitol or

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STATE OF MARYLAND



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		OR PRINT)	OPR	A MA	YFIELD	-1	EFFERY	7-	-15-82	26 HOUR 940
1	3. SE	X	1	RACE			OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	
	2	Female		White		Apri	1 22, 1895	87	HOURS MIN.	
SA	(RTHPLACE (STATE OF I	FOREIGN 7		WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED X	9 BALTIMORE CITY OR C	OUNTY OF DEATH	
2		Maryland	THE I	USA	LIGGRITAL MURCI	WIDOW	DIVORCED DO OTHER INSTITUTION	Baltimore		MD.
55	Ra	undallstown	ı :	Balto.	Co. Gene	ral H	ospital	12a, USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WO HOUSEKEEPET		
35		AL RESIDENCE (IF NURS STATE Tyland	Balti		13c. CITY OR TOV Reisters		13d. INSIDE CITY LIMITS? YES NOX	Garrison Va	llev Cente	r N H
		THER'S NAME		IDDIE	140	7001111	15 MOTHER'S MAIDEN NA	WE	7	
50		Wesley		IDDIE	Jeffery		Mary	MIDDLE	(unknow	n)
	13	VAS DECEASED EVER VES NO OR UNKNOWN) 10		ED FORCES? WAR OR DATES)	213-38-7		Mrs.Zelma She	eridan, 1927	el Air, Mc Churchvill	
		18 CAUSE OF DEAT	H (Enter only	one couse pe	er line for (o), (b), a	nd iei	0 1.	PRINT ALT	APPRO. BETWEEN	XIMATE INTERVAL LONSET AND DEATH
		PART I. DEATH W	IMMEDIATE		ante	408	destig	Cardo-	-	
		429	2	DUE TO, O	DR AS A CONSEQU	JENCE OF	vaccular	dispens	will	11
8		Conditions, if any, gove rise to imm	nediote	(b)_			trea	of paide	-	Jeans
		couse (a), statin underlying couse		DUE TO,	Pla Cer	e 62	ovas cul	n acch	ent c	Pano
	7	PART 2. OTHER SIGN	VIFICANT CO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN PART 1	10'
	TIOI	19a DATE OF OPERAT	LION	101 601	NAME OF THE OFFICE	ODERATIO	ON WAS PERFORMED	Les Auxonous Les		
4	CERTIFICATION	196 DATE OF OPERA	ION	19B CONL	THON FOR WHICE	OPERATIO	ON WAS PERFORMED		E CERTIFYING CAUSE	
0		210 ACCIDENT WAS UND		110110 1	OF INJURY	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
7	MEDICAL	OR CONTRIBUTING (CALEXAMINER)	Р	P.M.	19				
	MED	21d INJURY OCCURE		21e. PLACE	OF INJURY TREET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		220 certify that (I)	RK -	t behaats (t	ha dasassad from	17	1/- 8	2 17-10		-
2	1	sow the decease	ed olive on_	1/-/	5- 19	82.	nd that in (my) (our) apinion of	death occurred on the date of	and hour and from the	that (I) (we) lost couses stated
		obove, (I) (we) (c 22b. SIGNATURE	(dia not)	view the bod	y atter deoth.		DEGREE		22c DATE	SIGNED
		Some	fra	e H	one		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	× 7-	15-82
2		22d PHYSICIAN'S NA	AME ITYPE OR	PRINT)	0,00	CL	22e. ADDRESS	1 -4	2 /	11 11/1
		900N	CHI	u_	MON	4	battemer	a County 9	engal	Though the
7.4	230. B	BURIAL, CREMATION, SPECIFY) Burial		23b. DATE 11y 17			Methodist Cen	23d. LOCATION CITY OR TOWN POT ATT ROL VIE	r Harford	Md.
		WI TUT	0,	T-3 -	,	·	THE CHICATE CELL	Mera, Der Al.	I mai Toru	198.4 *

DHMH - 16 50M 1/81 (VRA 15, 4) 14 FUNERAL DIRECTOR
Howard K. McComas III, Abingdon, Md.

111 19 1982

N Park

83		FOR STATE REGISTRAR	G569	7/20/82	DEP.	ARTMENT OF H	EALTH AND MENTA ICATE OF DEATH		NE 8 2	1 7	' 1	18
(N)		E OK PRINT)		na MI I K N A RACEWhit		5. DATE	ones 200	5	o. DATE OF DEATH	alv 1	YEAR 1982 FUNDER I YEAR	300 p.m
- VIII		Female	2	2	tele	J. DATE	16, 1907	err	75	YRS.	ONIHS DAYS	HOURS MIN.
Tong Tong	7a. B	IRTHPLACE Italia	FEIGN 7b	CITIZEN OF W	HAT COUN	TRY?	NEVER MARRIE	ורס	BALTINORE CITY O	•		11/40
(M) 97		ITY OR TOWN OF DEAT Baltimore	н 11	. NAME OF HO	OSPITAL, NU FACILITY, GIVE	URSING HOME C	R OTHER INSTITUTIO	ON 12	USUAL OCCUPATION OF WORK FOR MOST OF SEAMSTRE	NC	126 KIND OF	BUSINESS OR
ND 2120	USU	AL RESIDENCE (IF NURSIN STATE	GHOW OR OTH 36. COUNTY	HER INSTITUTION, G	IVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY LIM YES [X] NO [e STREET ADDRESS		n Driv	
within within d 2 sho	14. F	ATHER'S NAME	MID	DIE	LAST		15. MOTHER'S MAID		MIDDLE	1411110.		
K T T T T T T T T T T T T T T T T T T T	16a	Bernard WAS DECEASED EVER IN	U.S. ARME	D FORCES?		dizzi	Rose	:	ADDRE	SS C	Yanam	dress
ALTIMORE te be exect icion and c pers. Pages		YES, NO OR UNKNOWN)	(IF YES, GIVE W	'AR OR DATES)	216-0	7-1322	Rose P	etr	opaoli ()	
that the death certifico in by the ottending physose remove carbanpos of crematian, or remover rather troumatic event,		18. CAUSE OF DEATH PART I. DEATH WA 4292 M Conditions, if ony, gove rise to imme couse (a), stating underlying couse	S CAUSED B MMEDIATE C which	DUE TO, OR	AS A CONS Efer	rdia	ote Co	arli	Carente	he de	0	AATE INTERVAL NSET AND DEATH
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The law requires th after this certificate has been signed it so the burial-transit permit. Then plea th and Mental Hygiene prior to burial arked or flem 18 shows any injury, are	TION	PART 2. OTHER SIGNI					NOT RELATED TO TH		AL DISEASE OR CONE		N IN PART 1(0)	
AL REC	CERTIFICATION	140 DATE OF OPERATR	JN	196. CONDIII	ION FOR W	HICH OPERATIO	N WAS PERFORMED		YES NO	IN CERTIFY	ING CAUSES C	OF DEATH?
N OF VITAL SICIAN: The ng physicio certificate h urial-transit i tental Hygier Hern 18 sho		21g ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	21b. TIME OF HOUR A.M P.M	MONTH	DAY YEAR	21c. HOW INJURY C	OCCURRED	ENTER NATURE OF INJUR	PY IN ITEM 18 PAR	PT 1 OR PART 2)	
DIVISION Or attendir or attendir e os the bu olth ond M marked or	MEDICAL	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK		21e. PLACE O	F INJURY T. FACTORY, OF	FICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
ATTENDIN spital or CTOR: Af for use of Health		22a. I certify that (I) (t saw the deceased above, (I) (we) (dia					d that in (my) (our) o		th occurred on the do	ote and hour		hat (I) (we) lost ouses stated
TAL OR y the hoy the hogh detoched detoched to Tal Tit Hen		22b. SIGNATURE	alx	w).	Kees	-0	ATTEND PHYSIC	DING CIAN T	MEDICAL STAP		22c. DATE S	IGNED
TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote		22d PHYSICIAN'S NAM	ALT	ERI			??e ADDRESS	noi	1 Kten	lud	721	1111
64 BP		BURIAL, CREMATION, RI (SPECIFY) Burial			/82	Balti	more Nat	; '	Batter m		COUNTY	Md.
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	3331 Br						250. DATE R	EC'D. BY REGISTRAR	75b. REGISTR.	AR SIGNATU	Watter

ATTACHER . JONES - 6351 Post may Chiefas Tay Leel-Street a relieute for the land a delle street THE REST OF THE PARTY OF THE PARTY. Silver In These The Klay Mich 2 Mi in a large of the large of the

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BP.

DHMH - 16 50M 1/B1

(VRA 15, 4)

REGISTRAR

1 DECEASED NAME

APT. 1-A 7209 CHALKSTONE DR. #21208 UNKNOWN MRS. JENNIE EIKACH 7209 CHALK~ BALTO.. MD 21208 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion death occurred on the date and hour and fram the causes stated 22c. DATE SIGNED 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) BURIAL JULY 9,1982 BALTIMORE MARYLAND BETH TFILOH 24 FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. 21215 6010 REISTERSTOWN RD. BALTO. MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

YEAR

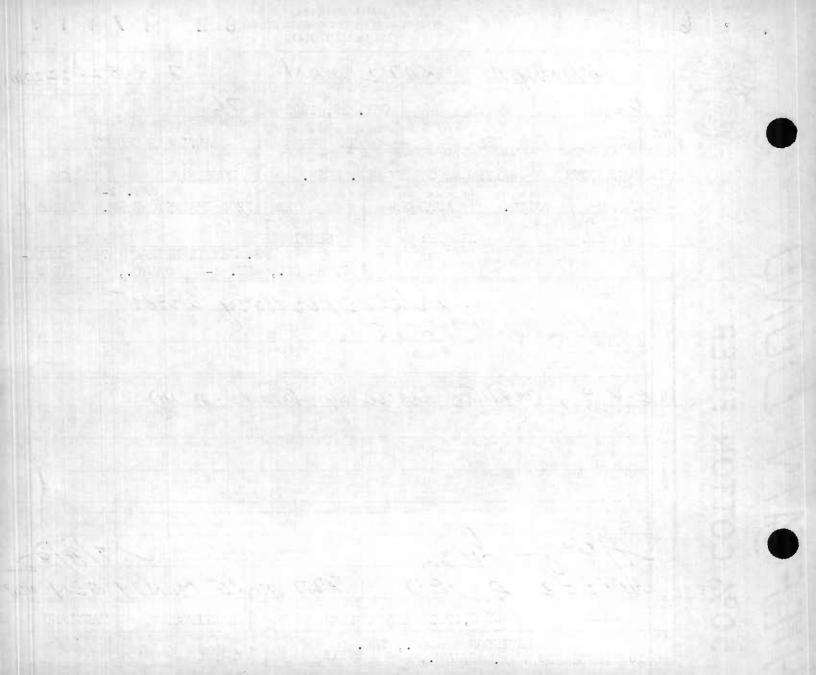
INDUSTRY

2b HOUR

126 KIND OF BUSINESS OR

AT HOME

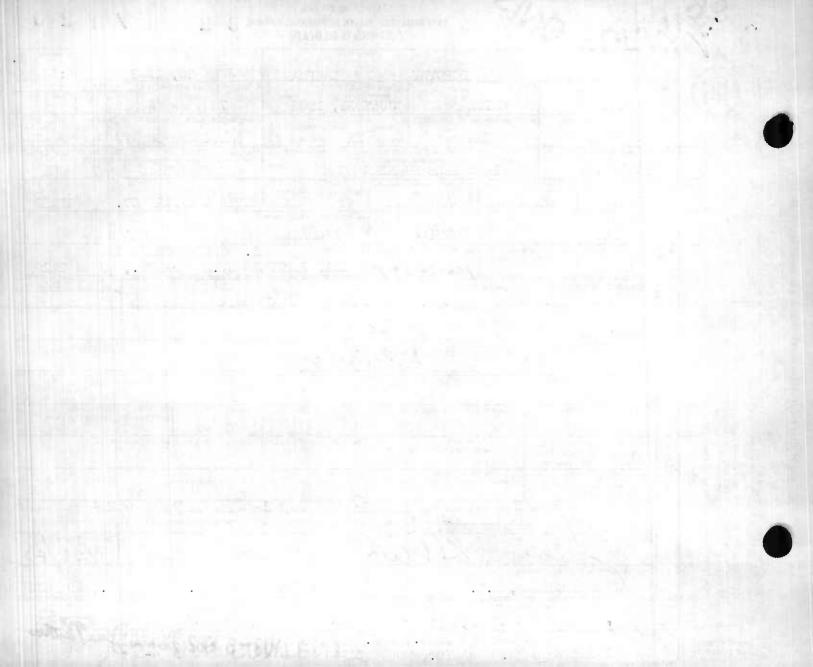
20. DATE OF DEATH MONTH



BALTO., MD

21215

(VRA 15, 4) 1/79



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after ingressing 4 may be executed by the haspital as attending physician.
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the firm at the same as should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed within the contraction of the please priar to burial, cremation, ar remayal.

	STATE OF MARYLAND
FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REGISTRAR	CERTIFICATE OF DEATH

STATE OF MAKILAND				
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &	2	1	7	
CERTIFICATE OF DEATH	DEC NO			

	- STATE REGISTRAR				CERTIF	ERTIFICATE OF DEATH REG. NO.								•
	CEASED NAME E OR PRINT)	FRANK		a t rick	K	KELLY	Y	20. DATE OF	F DEATH	07	0 8	YEAR 82	26 HOL	and a
3. SE	MALE	c	AUCAS	IAN	5. DATE C		05	6. AGE (IN)	EARS LAST BIRT	HDAY)	MONTHS	DAYS	IF UNDER	24 HRS MIN.
	IRTHPLACE (STATE OR F COUNTRY) Maryland		U.S.		MARRIE		ORCED		BALT	IMO			ITY	MD.
	TOWSON		ST J	OSEPH H	NURSING HOME OR OTHER INSTITUTION VESTREET ADDRESS) T AL 126 USUAL OC (TYPE OF WORK FO Sale						LIFE) IND	USTRY	tisi	
13a	AL RESIDENCE (# NURS STATE MARYLAND ATHER'S NAME	13b COUNT	TIMOR	GIVE RESIDENCE BEFOI 13c. CITY OR TOV BALTI		13d. INSIDE C	NO V		ADDRESS	LLO	NA A	AVE.		
	Frank	Pat	rick	Kelly		Mary		WE	MIDDLE			Fish	er	
180	WAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES, GIVE V		214-17-		Mrs. Lo		Harlar	ADDRE:		_	_	2121	
NC	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c)					NOT RELATED	TO THE TERM	INAL DISEAS	E OR COND	DITION G	IVEN IN F	PART 1(c		
CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTO	DPSY?	IN CERT	ES, WERE			
MEDICAL CER	710. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY AT WORK	AUSE OF DEATH (ALEXAMINER)	P.	M. MONTH D M.	19	211 LOCATIO STREET	ury occurr	RED (ENTER NA	CITY OR TOV			PART 2)		STATE
	220. I certify that (1) saw the decease above, (1) (we) (d 22b. SIGNATURE	(this haspital d alive an _ lid) (did nat)	view the bady	19	, an	7. O P	ITENDING HYSICIAN [_ MEDICAL	d an the da STAF	F			causes sta	
	Beatri	z P. D	izon	ν			oseph'						/	
	Burial, cremation, (SPECIFY) Burial	REMOVAL	7-12-			hedral	REMATORY		ortown timor	e 01	COUN	M.	22.374	TATE

DHMH - 16 50M 1/81 (VRA 15, 4)

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IMPORTANT: If them 21 is marked ar Item 18 shaws any injury, or other traumoric event, the medical

Burial
24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Rd 21212

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75	35 80	fi MAI	CAUCAS	BLAN
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9425 47 31 5 at least THE PARTY WATER TO PETER

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

REG. NO

Served Street William Branch Street AND WATER SHEET AND THE AND The second of th SERVICE TO BE THE THE PROPERTY OF THE PROPERTY THE PROPERTY OF THE PROPERTY O

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FOR STATE CERTIFICATE OF DEATH

Walter Brooks Bradley, Inc., Dundalk, Md.

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

GOLDARION REGISTRIR SIGNARIAN Enther

		CEASED NAME E OR PRINT)	rice		erry	KIN	SEY	JULY 21,		DAY YEAR	2b. HOUR P 9:15 M	
	3. SE	X MALE		RACE WHIT	PE	Jul	of Birth 1, DAY 1908 YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS	
LAB		RTHPLACE ISTATE OR COUNTRY) Virginia		U.S.	Α.	MARRIE		9 BALTIMORE CITY OF BALTIMOR	R COUNT		MD	
0	I	DUNDALK		HERIT	AGE NU	RSING C	DR OTHER INSTITUTION ENTER	12g USUAL OCCUPATION OF COMMON	F WORKING		otive	
5	13a. S	AL RESIDENCE HE NUR STATE MARYLAND	13b COUNT BAL		13c. CITY OR DUNE		13d INSIDE CITY LIMITS?	13e. SIREEL ADDRESS 7300 MAN	CHEST	TER RD.	21222	
C	3	Charles		NODLE	Kins	ey	Alice	WIDDIE		Abshi	re	
		NAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)		5. 7323A	RACHEL G. KI	NSEY (WIFE) SAME AS 13e				
	NOI	Conditions, if only gove rise to im couse to statiunderlying couse	(b)	CAT RAS A CONS	EQUENCE OF EQUENCE OF	OF THE	Lung Lung Linal DISEASE OR CONI		WEN IN PART THE	menths		
2	CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	S, WERE FINDIN		
7	MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCUR	CAUSE OF DEAT	P./ 21e PLACE (M. MONTH M. DF INJURY	DAY YEAR 19	21c. HOW INJURY OCCURE 21f. LOCATION STREET			PART I OR PART ?]	STATE	
		WHILE ALVOCA ALVOCA ALVOCA ALVOCA Sow the decess above, (I) (west (I) ALVOCA AL	(this hospited of olive on a	JULY.	21	6-2/	od that in (my) (our) opinion of the first opinion opi	deoth occurred on the do	F	or and from the		
		B.C. Ven		1			3401 Dundal		dalk,	Md, 2	1222	
	4	BURIAL, CREMATION, (SPECIFY) Cremation	REMOVAL	7/23/1			emetery or crematory ount Cremator	y Baltimo	re	соинту	ryland	

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

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physician

injury, or other troumatic

and Mental Hygiene prior to buriol-transit permit.

or Item 18

PORTANT

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3

1	- STATE REGISTRAR			DEPARTA		ICATE OF DEA		GIENE ()	REG. NO.	•		Cina	7
	ECEASED NAME	FIRST O A /	ES	NIDDLE	151	AST P		20. DATE OF		NTH DA	YEAR	26 HOU	UR
1 SE	X / / (17/4/	RACE	/ (5 DATE O	OF RIPTH		A AGE UNY	EARS LAST BIRTHDA	Y) 1	F UNDER I YEAR	IF UNDER	SOFM
	FEMALE		WHITE	3	FEBÜRARY °4,19ŏî				yrs		ONTHS DAYS	MOURS	MIN.
	SIRTHPLACE (STATE OR F	OREIGN 7	U.S.A	VHAT COUNTRY?		re/city <u>or</u> c MORE C				MD			
F] IF NOT			OSPITAL, NURSIN FACILITY, GIVE STREET, DRE COUNT	TYPE OF WORK	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RETAIL							
130		13b COUNT		BALT IMOR	N	13d INSIDE CITY	LIMITS?	13e STREET / 6519	ADDRESS GLENWI(CK CC	OURT 2	1209	
14. F	SAMUEL	M	DDLE	SEIDEL		15 MOTHER'S M BAILA		ME	WIDDLE	U	JNKNOW	Ĭ	H
160.	WAS DECEASED EVER		ED FORCES? WAR OR DATES)	16b SOCIAL SECU	RITY NO.	17 INFORMANT MRS. THE	LMA M	4ITTELM	ADDRESS AN 6519		209 ENWICK	COUF	?T
CERTIFICATION	Canditions, if any, gave rise to imm cause ioi, stating underlying cause PART 2 OTHER SIGN 19e DATE Y OPERAT	which nediate g the last	DUE TO, OR ONDITIONS CO	ASA CONSEQUE AS	INCE OF POEATH BUT	Alea	10 m	Alinal Disease Wall Disease 200 AUTO	PSV 20	LA JES, V		IGS USE	D
MEDICAL CERTIFIC	OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	Letter Notify McDical Examines P.M.			Y YEAR 19	21t. HOW INJUR	RY OCCURI	YES TRED (ENTER NA	TURE OF INJURY IN	YES		NO [STATE
	220 I certify that (I) sow the decease above, (I) (we) (d	d alive an_		19	, or	d that in (my) (ou	19 r) opinian	death accurred	d on the date of	ond hour o		that (1) (

230 BURIAL, CREMATION, REMOVAL BURITAL 23b. DATE

FOR

231. NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

23d. LOCATION
CITY OF TOWN
SALISBURY COUNTY

MEDICAL STAFF
DIRECTOR PHYSICIAN

JULY 18,1982 BETH ISRAEL CEM. 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

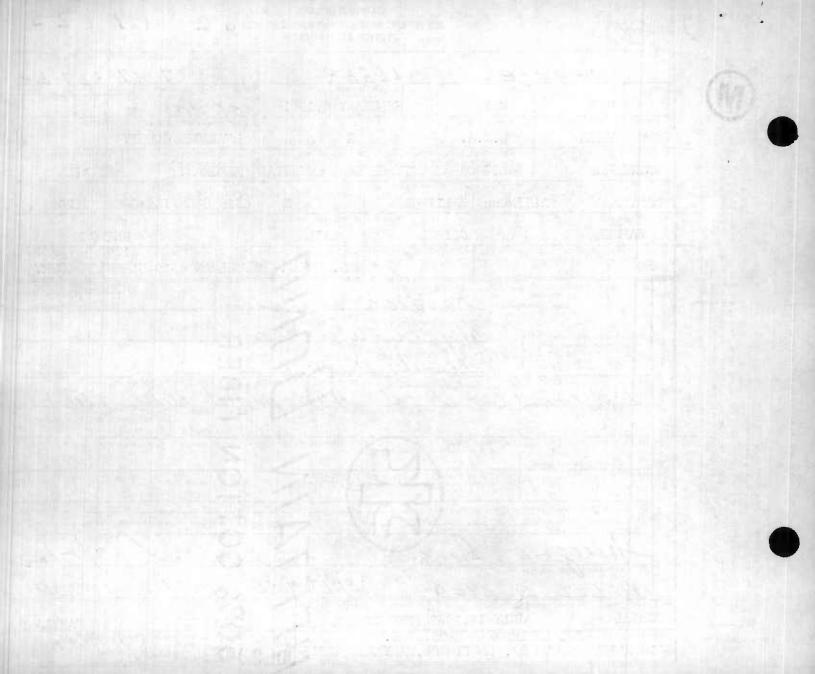
MARYLAND

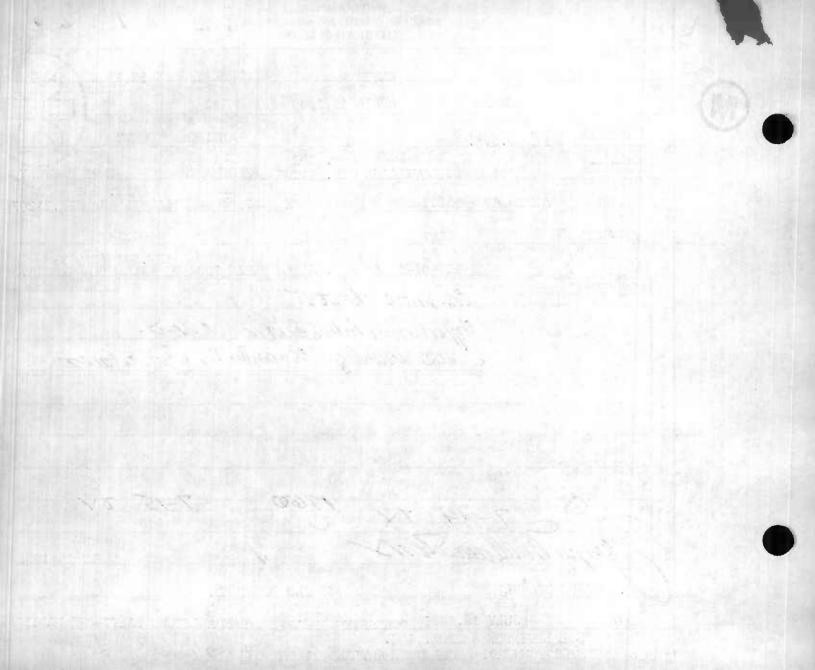
THE DATE AIGNED

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

O FUNERAL DIRECTOR:





campletely filled in by the

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion bould be detached for use as the burial-transit permit. Then please remove carban papers, in the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal. PORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

0	1-	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 7 CERTIFICATE OF DEATH REG. NO.								
		CEASED NAME FIRST	Carl	KLI	19N	07 03 82 5 3 A M						
		MALE	1 white	5 DATE O	DAY YEAR	AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.						
3		IRTHPLACE (STATE OR FOREIGN COUNTRY) M 1) ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNT U & S . A . 11. NAME OF HOSPITAL, NUE (Ig NOT IN SUCH FACILITY, GIVE ST	MARRIE WIDOWE	OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUNTY OF DEATH D						
E	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN MD BAZ	OTHER INSTITUTION, GIVE RESIDENCE BE NTY 13c. CITY OR T	GEN FORE ADMISSION	13d INSIDE CITY LIMITS?	130 STREET ADDRESS 3601 HELN WOOD RD.						
30		Henry	middle LAST Kleir		15. MOTHER'S MAIDEN NAI FIRST Lena	ME MIDDLE Harold						
1	()	VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIVI NO —————	T 11110 OD D 1880	ADDRESS 3601 Herrwood Rd. na Klein Woodstock, Md. 21163 APPROXIMATE INTEGRATION OF A PROXIMATE INTEGR								
	NO	Conditions, if ony, which gove rise to immediate couse (a) Consequence of Conseq										
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED 200 AUTOPSY? YES NO							
	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER MOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOTE NOT WHILE ALWORK THE CONTRIBUTION OF THE MEDICAL EXAMINER THE CONTRIBUTION OF THE MEDICAL EXAMINER THE CONTRIBUTION OF THE MEDICAL EXAMINER	CITY OR TOWN COUNTY STATE CITY OR TOWN COUNTY STATE COUN									
	73n F	JSA/AH BURIAL, CREMATION, REMOVAL	DIM DAY	NAME OF C	5401 C	10 COUNT RO.						
		(SPECIFY) Burial	22.2		honsus Cem.	Woodstock. Balto. MD						

1111 6 1982 Cornes San Nather

14 FUNERAL DIRECTOR Loring Byers Funeral Directors 8728 Liberty Rd. Randallstown, Md. 21133

DHMH - 16 50M 1/81 (VRA 15, 4) 1 CT 0382 97 and the state of t 72349 WATEL BELL OF DIRECT SOUTH CONTRACT OF THE PROPERTY Francisco Company Commission Comm

FOR

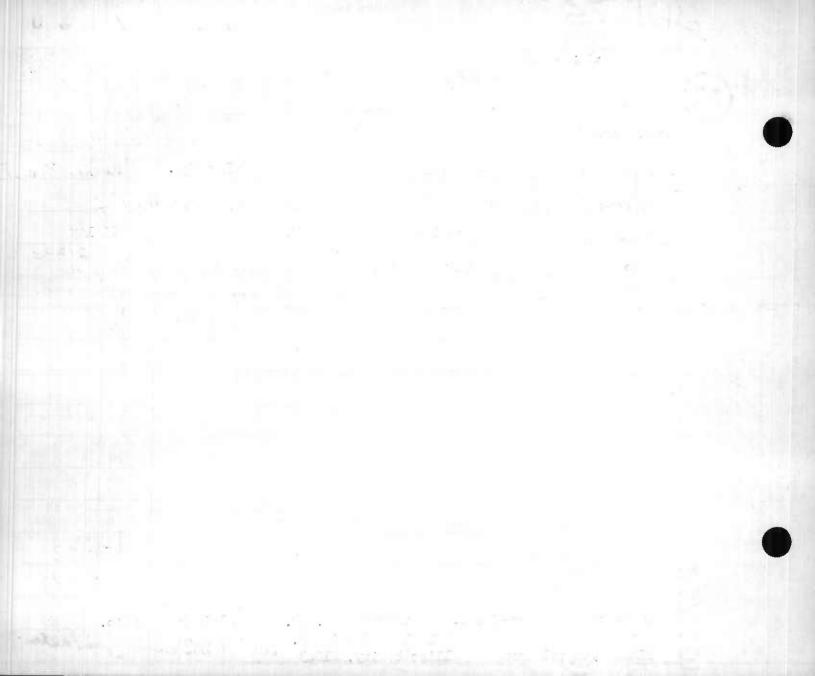
- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE STATE OF THE S LUMITE BUILD SEATHFULL STIMUL ALLEGATION OF THE PROPERTY OF Epoton Ever Santies her had WE TO THE WAY THE WAY TO SAME THE THE THE STATE WAS AND ASSESSED AND ASSESSED.

15	1-	FOR Item 21a&21 STATE 8-13-82c1	f Film 5	BEPARTMENT	OF HEALTH			17	1 2	9
(1)		REGISTRAR CEASED NAME FIRST (E ORPRINT)	- ME	MIDDLE EXAM	I C A	AST AST AST AST AST AST AST AST	2a. DATE KN	REG. NO.		R 2b. HOUR
\$2558	3. SE		5. DATE OF BIRTH	YEAR 6. AGE (IN YEARS IF UN IRTHDAY) MONTH	DER 1 YR. IF UNDER 2		MONTH	8 19 8	AR 2d. HOUR Z 8.25 M
NECESSA FUNERAL S. FOR Y WITH W. WRITH	FC	RTHPLACE (STATE OR REIGN COUNTRY)	7. CITIZEN OF WI		WIDOW		BA	RECITY OR COUN		MD.
DELAY IS 1 TO THE N PAGE 205, 201		ROSSVILLE	OR OTHER INSTITUTION, GI	PITAL, NURSING H CILITY, GIVE STREET ADDR VE RESIDENCE BEFORE AD	595A		12a USUAL OCCUPAT FOR MOST OF WORKING 145 W	G LIFE	OR INDU	STRY
AD. 21201 1. IF ANY 2. AND 3. RETAIL 2. SHOULD	14. F	TAJE O 136. COUR ATHER'S NAME	ALT	MIDDLE I		13d INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN FIRST	13e. STREET ADDRESS	T Z/2	BAY DI	===
DEATH PAND	160.	FOWARD VAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN) I (18 YES GIV)	COPENI MED FORCES?	16b. SOCIAL SEC		GERTAV 17. INFORMANT	DE ELI	IZABET.		
HOURS AFTER M 18. GIVE PA WIG WITH FOR KMIT. PAGES 1 RM. E. DIVISION L.		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly ane cause per line	1)	WILBUR	KNIGFFI		APPROXIM	ATE INTERVAL
	7		DUE TO, OR	AS A CONSEQUENT SEAS &		D FRAC			AR	
RDS, 201 W. EXECUTED W NG" IN PENGLAL CAL EXAMINA A BURIAL-TR A AND MENT		cause (a) stating the <u>under</u> lying couse last.	DUE TO, OR	as a consequen		P				
RECORD ILD BE EXE MEDING MEDICA D AS A BU HEALTH A CREMA	ATION	PART 2 OTHER SIGNIFICANT CONDITIONS 190. DATE OF OPERATION		BUT NOT RELATED TO THE			1 (a)		28 AUTOPS	SY2
N OF VITAL RE THE WORD "PE THE CHIEF A VUID BE USED, TYMENT OF HEA RTO BURIAL, OF	CERTIFICATION	210 EXTERNAL CAUSE WAS	216 JIME OF	INJURY MONTH 164		W INJURY OCCURRED	(ENTER NATURE OF INJURY	IN ITEM 18 PART I OR P	YES 🗆	. 12
STEPAR PAR RIOR	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE (OF INJURY (AT HOW ORY, FARM, ETC.)	AE, 21f. LOC S1	ATION	nnei room		DUNTY	STATE
INER: THE ICATE, WILLIAM FOR PAGE TOR: PAGE THE STATE TH		220. I certify that facily char-	ge of the remains des	cribed above, held		y , Inspection	1 1	and in my o	pinion	21220
AL EXAM HE CERTIF HOULD BE HOULD BE ITH, WITH E, MARY		ACTUAL SIGNATURE TO ME	V-h	Accident (C),	Suicide [],	Homicide ,	Undetermined mann	DATE	7/18	1/82
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEI TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYEAND, 21201 P	and -	EXAMINER'S NAMED AU	LF G	UERI,		ID DIKE 39	1 WEST		RUW	2030
BP_119	(URIAL, CREMATION, REMOVAL BURIAL UNERAL DIRECTOR	7/21/8	2 EAROL		FACTH	23d. LOCATION CITY ORTOWN BPLT EC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	STATE
DHMH - 17 (VR A15 ME (5))		J.G. CONNEL	L ADDRESS	00 MA	CE	N	UI 20 1982	Trances	Jan 76	eithen



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injury, or other troumotic event, th

If Hem 21 is morked or Hem 18 shows ony

H	FOR STATE REGISTRAR		DEPART	STATE OF MARYLAND MENT OF HEALTH AND MEN CERTIFICATE OF DEA	ITAL HYGIENE	2 REG. I	NO.	7 1	3
	1. DECEASED NAME	FIRST	MIDDLE	LAST	2a DATE	OF DEATH	MONTH	DAY YEAR	26 HOUR
	(TYPE OR PRINT)	Maximilia	P. KOELBE	L	Jul	y 17,	1982		2:18
	3 GEY	A PACE		C DATE OF BIRTH	4 ACE	NIME ADD LAST O	MATHOMAN	IE LINIDED L ME LO	AT LIMIDED D.

	CEASED NAME	FIRST	ħ	AIDDLE		LAST	1 2	20 DATE OF DEATH	MONTH DAY	Y YEAR	2b HOUR
(147	CORPRINT)	Maxim	ilian F	. KOELBE	L			July 17,	1982		2:18p ,
3. SE	X	4	RACE		5. DATE O			. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
1	Male		white		Feb		AR	66	YRS.	NIHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OF	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8	- D NEVER HARRIE	9	BALTIMORE CITY O	R COUNTY O	FDEATH	
	Marulan	7	U.S.A	1	WIDOWE	D NEVER MARRIE		Baltimore	Count	V	MC
10 C	ITY OR TOWN OF DE		1. NAME OF H	OSPITAL NURSIN	IG HOME (OR OTHER INSTITUTIO		2a USUAL OCCUPATI			OF BUSINESS OR
	Rossville			nklin Squ		losp.		Ret. Su	perint	industry endent	:
130.	AL RESIDENCE (IF NUR	136 COUNT	THER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)	113d. INSIDE CITY LIM	urs? In	3e. STREET ADDRESS			
	Maryland	Balt	imore			YES NY		9332 Beow	ulf Ci	rcle	21237
14 F/	ATHER'S NAME		(DQ) F			15. MOTHER'S MAID	EN NAME				
	r in a r	Koelb		LAST		Elizabe	eth .	Loewer		LAS	Tć
	WAS DECEASED EVER	IN U.S. ARM		16b. SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRE	SS		
1	Yes	W.W.11		215-01-6	895	Mrs. Jose	phin	e T. Koelb	el	san	ne
	18 CAUSE OF DEAT	TH (Enter only	one couse per	line for (a), (b), on	d (c)					APPROX	TMATE INTERVAL ONSET AND DEATH
	PART I. DEATH V	MAC CALICED	DV			myocardia	inf	arction			ONGET AND DEATH
	Conditions, if any gove rise to im couse (a), statis	mediote ng the	(b)	R AS A CONSEQUI Complicat R AS A CONSEQUI	ting o	degenerati	ve br	rain diseas	e		
	PART 2 OTHER SIG		ONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	E TERMIN	AL DISEASE OR CON	DITION GIVEN	IN PART 1	0
ATION	19a DATE OF OPERA	TION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20b. IF YES, V	A/EPE EINIDII	ACC HEED
CERTIFICATION	THE OF GIERN		110 COND	norrow wines	OFERATIO	NAS FERI ORMED		YES NO			OF DEATH?
	2)a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEO	CAUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH D	AY YEAR	21c. HOW INJURY C	OCCURRED	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)	
MEDICAL	21d. INJURY OCCUR		21e PLACE (19	211. LOCATION					
ME	WHILE NOT W		(AT HOME STR	EET FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
	22a. I certify that (X sow the decease above, (A) (we) ((this hospito			July 82	12 , 19_ nd that in (🐠) (our) o	82 pinion dec	July 1	7, 19		that Mi) (we) lost
	22b. SIGNATURE	200	Le >	offer death.		DEGREE ATTEND	ING _	MEDICAL STAF	F	22t. DATE	
	22d. PHYSICIAN'S N		driguez	0		22e ADDRESS		in Square		21237	-700
23a. I	BURIAL, CREMATION, (SPECIF BURIAL)	, RÉMOVAL	236 DATE 7/21,		vame of C Garder	EMETERY OR CREMA		23d. LOCATION CITY OR TOWN Balti	more,	OUNTY Maryla	STATE
	UNERAL DIRECTOR Leomard J.	Ruck	Inc 530	05 Harfoi	rd Rá		So DATE R	19 1982			

DHMH - 16 50M 1/81 (VRA 15, 4)

ned by the hospital

BP.

TO HOSPITAL

X	Ĺ	FOR - STATE REGISTRAR		DEPARTMENT OF H CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	171	3 2
oy be cope 3 death	(TYP			LIMAN /	OLMER	20. DATE OF DEATH MOI	2	7 40 N
-	3. SE	Female	White	S. DATE C MONTH June	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	HOURS MIN
MICE	Ma	RTHPLACE ISTATE OR FOREIGN OUNTRY) gnolia, Md.	76 CITIZEN OF WHA	MARRIE WIDOWE		Baltimore city or c	County	W
11111	C	atonsville	RIOGE		ROTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY	BUSINESS OR
filled in	13a	AL RESIDENCE (IF NURSING HOME STATE ryland Bal	UNTY 113c	residence before admission) CITY OR TOWN CONSVILLE	13d. INSIDE CITY LIMITS? YES NO X	13e street address 5743 Edmonds	son Avenue	
and 23	14 F	ATHER'S NAME John	Lloyd	Skillman	15. MOTHER'S MAIDEN NAME Blanche	Leone	Jeffers	
Poges 1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	SOCIAL SECURITY NO. 14-03-4857	17 INFORMANT Allan H. Cons	stance. 306 T	Md 2122	8 Balto
the bear vigned by the rms. Then please rem prior to builtal cremo any injury, or other tr	CERTIFICATION	gave rise to immediate cause lo1, stating the underlying cause lost PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	T CONDITIONS CONTI	A CONSEQUENCE OF RIBUTING TO DEATH BUT		20a AUTOPSY? 20	ION GIVEN IN PART 1(a) DL IF YES, WERE FINDING N CERTIFYING CAUSES (GS USED
of-trains) per dal Hygiene em 18 shows	100	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	A PAIN	JURY MONTH DAY YEAR	21c. HOW INJURY OCCURE	YES NO (ENTER NATURE OF INJURY IN	YES	NO []
the bure and Mer and Mer	MEDICAL	21d INJURY OCCURRED	21e PLACE OF I		211 LOCATION STREET	ÇITY OR TOWN	COUNTY	STATE
CAL DIRECTOR: Afti deforthed for use or cate Dept. of Health AT. If New 23 is more		22u.1 certify that (I) (this has saw the deceased give a above of Tive digit (did 22). SIGNATURE	NEcm	19 or		death accurred on the date	and hour and from the co	nat (I) (we) last auses stated
hould be	1	22d. PHYSICIAN'S NAME (TYPE	KLEIMI		71.03 W	ALLIS AVE	2/2/2	5
P		Burial, Cremation, remove Specify) Cremation		136 NAME OF C	v Crematory	23d LOCATION CITY OR TOWN Baltimore	COUNTY	STATE Md.
NH - 16 50M 1/76 VR A 15 (4))		UNERAL DIRECTOR NAME DWARD K. McComa		ADDRESS	JUL JUL	13 1932 Z	REGISTRAR'S SIGNAL	The

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^ 5	13, 1982	glal	er.	штой та	Line Mall	LELL TO
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	12 5100 34	inlution.			A.T.15	Marylond
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Stake.	Sand If E		czol .E enab	13-11-0592	n II'm	002
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	D. com	J & 1985 6 L	III. Arnin	e Mille, Nor		

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with 24 hours after death. Page 4 may be	ding physicion.	AD FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and company from the time to the contract of the contra	should be detached far use as the burial-transit permit. Then please remove carbon popers. Pages I and 2 moust he arthur 72 mounts are the	Mental Hygiene prior ta burial, cremation, or removal.	MPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other traumatic event, the medical
O HOSPITAL OR ATTENDING PHYSICIAN: The law requ	letained by the haspital or attending physicion.	TO FUNERAL DIRECTOR. After this certificate has been si	should be detached for use as the burial-transit permit. The	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is morked or Hem 18 shows ony inju

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.			1.8
		CEASED NAME	FIR51		MIDDIE		LAST	20. DATE OF DEATH		DAY YEAR	2b HO	UR
			LORETT	A.	S.	K	RASTELL		JULY 6	. 1982		M
	3 SE	X		4. RACE		5. DATE (6 AGE IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YE.		R 24 HRS
ł		FEMALE	100	WHITE	3	JUN		50	YRS	MONTHS DAT	SHOURS	MIN.
県	7a. B	IRTHPLACE (STATE OR F	OREIGN	Th CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH		
0		ARYLAND		USA	A	WIDOW		BALTIMO	RE COU	INTY		MD.
0	10 C	TOWSON	ATH .	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET HATHERL	ADDRESS)	OR OTHER INSTITUTION ROAD	120 USUAL OCCUPA ITYPE OF WORK FOR MOS SECRETARY	TOF WORKING	IFE) INDUSTA	OF BUSIN	ESS OR
6		AL RESIDENCE (# NURS STATE MD.	135 COUNT BALTI	TY	GIVE RESIDENCE BEFORE 134 CITY OR TOWN TOWSON		13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRES 706 HATH		GH RD.		
C	14 FA	ATHER'S NAME FIRST	٨	MODLE	LAST		15 MOTHER'S MAIDEN NA	MIDDLE			LAST	
П		VAS DECEASED EVER		NED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	16 ARROWH	EAD TE	RAIL		
		NO	111123,0142	- OR DATES)	218-28-4	596	ANN BIEGEL	MEDIA. PE				
		Conditions, if ony, gove rise to imm couse (0), stotin underlying couse	nediote g the lost	(b) DUE TO, O		ARDI NCE OF DSC LE	NOT RELATED TO THE TERM	DISEASE			III	
	S S		345		HYE	ERT	ENSION					
1	CERTIFICATION	190 DATE OF OPERAT	ION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINI IFYING CAUS ES	INGS USE S OF DEA NO [TH?
1		21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2		
	MEDICAL	21d INJURY OCCURR	ILE 🗆	21s. PLACE ((AT HOME STR	OF INJURY BEET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	Jan.	STATE
		220.1 certify that (1) sow the decease above, (1) (we to	d olive on_	6/1	2 108	2	5/13 , 19.78 and that in (my) (***) opinion	death occurred on the	date and ho	19 <u>82</u> ur ond Irom t	, that (1) ine causes st	loted
		22b. SIGNATURE	2.	Tome	ville,	ni	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYS	AFF ICIAN []	22c. DA	17/8	2
		DONALD	L.	SOME	wille,	MD.	26 W.PA.	AVE TO	NSON	I, MD	2121	04
	23a. 8	BURIAL, CREMATION,	REMOVAL	JULY 8			WALLEY MEM.	GDNS COCK	EYSVII	LLE DAT	TO 1	STATE MD.
	_			1	,					DAI	LLVm L	1227 4

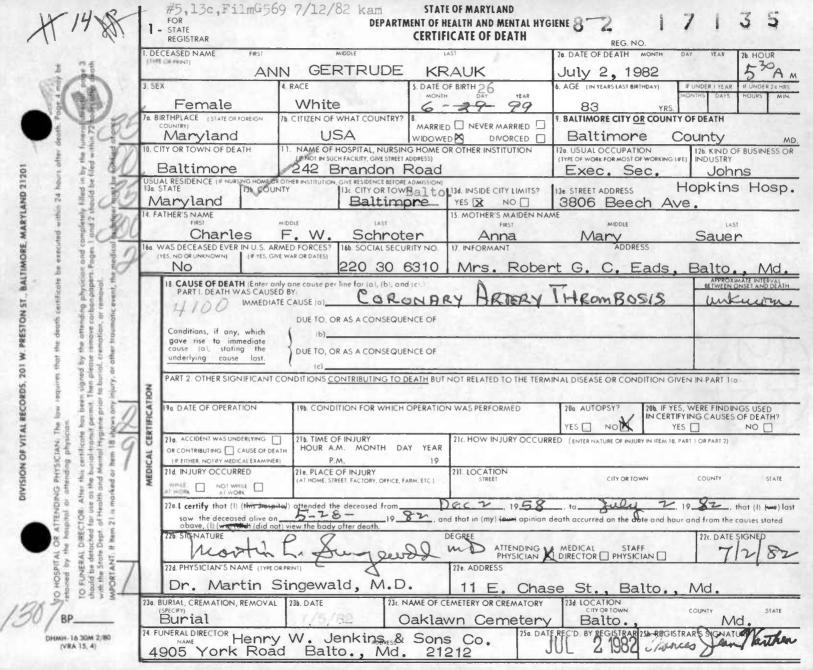
DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

> 24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME 6500 YORK ROAD 21212

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR SIGNATURE

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III E. MUNIMOTO				
	ON THE WAY SALE			
Chorry and Louis		-85-0E		
L. Yunivi	TENNEL SILE	a NO		
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	of mittalk, seems and	tank		
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23/2/	the ai	Warmer ?		
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AND REAL PROPERTY.	Hell This Think that	e ereta ande		
	lik sees and g		ere lending	



and the smallest and the state of the state Actual Ac Title one 244 Enundon Foad Brand Sec. 24 10 na Cutting Tarial of a Tarialist Section of Churches F. W. Schnotzer Vnns I Wilde Bhash 20 TO 1810 Mes. Robert C. C. Cana, Edito., Ant. If the west security M.G. 11 . That I., Silo. M. .. Fluid Complete Landing Complete Landing need your ficial Calle , Ma. State van Ullin 1 180

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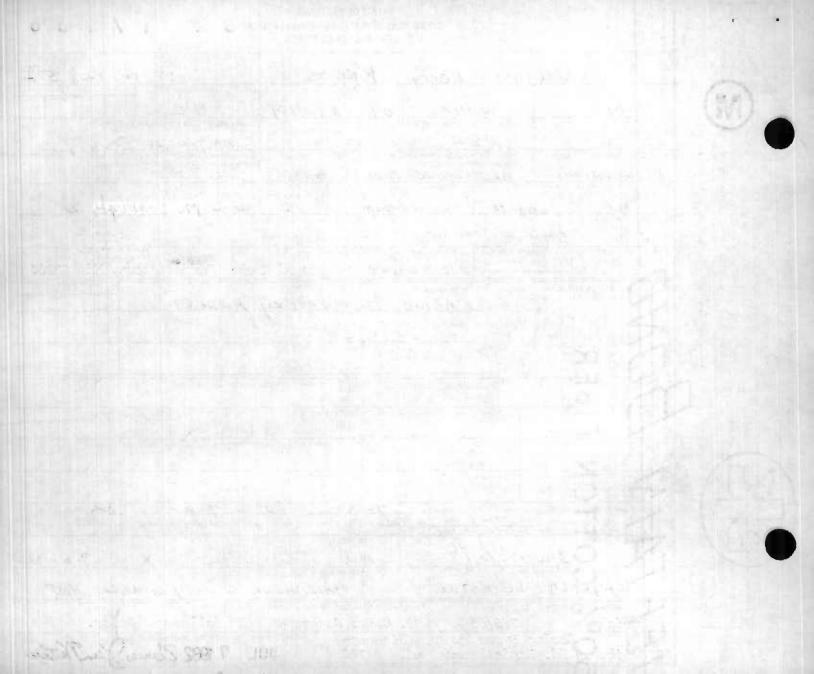
CERTIFICATE OF DEATH

	1120101111111				REG. NO.		
	ECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 2	h HOUR
1,,,,,	WILL	IAM H	enry	KREBS	07 0	6 82	5-50 5-AN
3. SE		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	F UNDER 24 HRS
	m	WH17	E 09	27 1889	9 Z YRS.	MONTHS DAYS	HOURS MIN.
7a B	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8	IED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH	
	aryland	USA	WIDOV	WED DIVORCED	BALTIMORE	COUNTY	/ ME
	PANDALLSTOWN	(IF NOT IN SUCH FACILIT	AL, NURSING HOME TY, GIVE STREET ADDRESS)	NTY GEN.	The USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF INDUSTRY	BUSINESS OR
130.	JAL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN MA	13c. CI	TY OR TOWN AN AM Ilstow	13d INSIDE CITY LIMITS?	130. STREET ADDRESS 4034 ME DON	agh R	/
		middle ence h	rebs	Margaret	MIDDLE	Gable	100
	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	2 50 5043	A Mr. Edward K	ADDRESS 370 Trebs Randallston	02 Vega. vn, Md.	Rd. 21133
NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A	CONSEQUENCE OF	JI NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART 1(D)	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERAT	ION WAS PERFORMED		, WERE FINDING YING CAUSES O	
_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1101	RY ONTH DAY YEA 15	R	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART 1 OR PART 7)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJ (AT HOME STREET, FAC	URY TORY OFFICE, FARM, ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (I) (this hospi sow the deceased alive an above, (I) (we) (did) (did no	·7-6 -	19 82	ond that in (my) (our) opinion	deoth occurred on the date and hour		ot (I) (we) lost uses stated
	226. SIGNATURE	yn/ets	and the second s	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SI	GNED 6-82
	RAYNOLD	DEPESTR	E	BALTIMOR	LE COUNTY GEN	ERAL H	osp.
23a.	BURIAL, CREMATION, REMOVAL Burial	23b. DATE 7/9/82		ive Cemetery	23d. LOCATION CITY OF LOWN Randallstown	Balto.	MD TATE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

Burial 7/9/82 Mt. Olive Control Byers Funeral Directors 8728 Liberty Rd. Randallstown, md. 21133



10 × 20	FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	TAL HYGIENE 8	2 REG. N	10
	1. DECEASED NAME	FIRST	WIODIE	LAST	26. DATE C		MONTH
e 6 4	(TYPE OR PRINT)	172 - 1 -	77				U DOM

26 HOUR viola Lacher July 21, 1982 7:20P.M 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR March 5, 1897 Female. White 85 BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Baltimore County. DIVORCED [O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Homemaker working life INDUSTRY Towson Manor Care Ruxton WOUAL RESIDENCE (IF NU Baltimore 13d. INSIDE CITY LIMITS? 3710 ADRESS Raven Blvd. Maryland NOF 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Frank MIDGLI Kulp MIDDLE Anna unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO ORLINKNOWN) (IF YES GIVE WAR OR DATES) Mrs. Jeanne L. Williams 9951 Oldfield Drive 214-46-8956 d charge year 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [710. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 71e. PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY OFFICE FARM ETC 1 CITY OF TOWN COUNTY STATE NOT WHILE

220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on above, (1) (we) (did nat) view the body after death 226. SIGNATURE 22d PHYSICIAN'S NAME CTYPE OF PRINT

22e ADDRESS

ATTENDING

DEGREE

DIRECTOR PHYSICIAN PHYSICIAN

Frederick J. Vollmer, M.D. 230. BURIAL, CREMATION, REMOVAL

6100 York Road Baltimore, Maryland 21212 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

MEDICAL

, and that in (my) (our) opinion death accurred an the date and haur and Iram the causes stated

Burial July 24,1982 Loudon Park Cemetery 24 FUNERAL DIRECTOR

23b. DATE

Baltimore,

Maryland

22c. DATE SIGNED

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL D should be detail with the State D

morked or

MPORTANT

ADDRESS1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. 21204

along the same along the . See: 12, Edit (2) Edit , voluce one tribut J.S.L. AND THE PARTY OF STRUCK EUS THE WINDS STREET, VICTOR STREET, S httis of Lig D., 1950 housen Camenas, haltmore, to begind TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furble be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled withing the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the medical

WS ONY

MPORTANT: If them 21 is morked or them 18 show

24 FUNERAL DIRECTOR

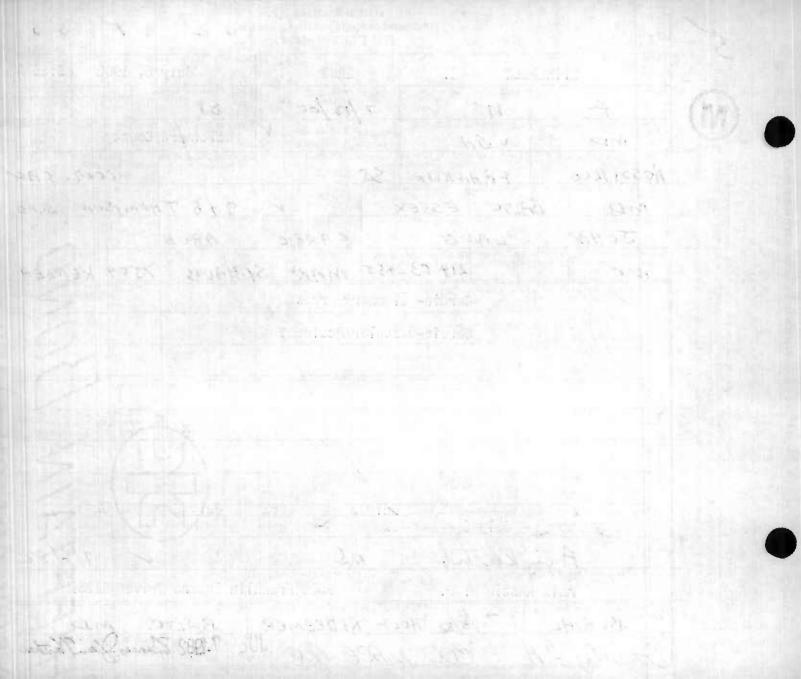
STATE OF MARYLAND

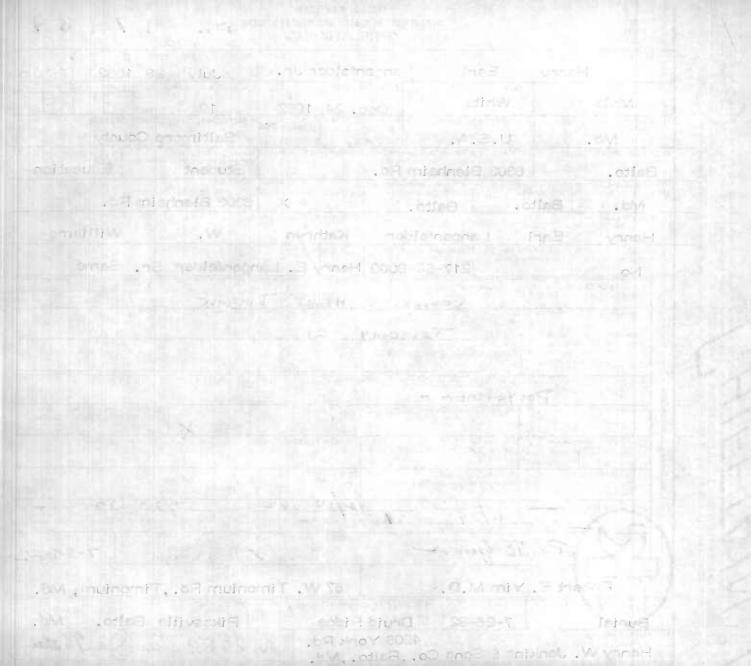
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-3-	11.		1.00	

1 - STATE REGISTRA	AR .		DEPA	CERTIFI	EALTH AND M		REG. NO	1	11	3 8
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(TYPE OR PRINT)	Elizab	eth	С.		LANG		Jul	y 6,	1982	5:25 A
SEX		4 RACE		5. DATE O			6 AGE (IN YEARS LAST BIR	HDAY)	IF UNDER 1 YEAR	
	5	W		MONTH	/13 /6	YE AR	81	YR5.	MONTHS DAYS	HOURS MIN.
a. BIRTHPLACE	STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	D NEVED !!	LODIES TO	BALTIMORE CITY O	R COUN	TY OF DEATH	
M	D,	05	A	WIDOWE	NEVER M	ORCED []	Baltimor	e Co	unty	MD
0 CITY OR TOW	N OF DEATH	11. NAME OF		RSING HOME O	R OTHER INSTI	TUTION	120 USUAL OCCUPATE			OF BUSINESS OR
NO551	126	FRO	INKLIA	Sef	,		(TIPE OF WORK FOR MOST O	WORKING	LIFE) INDUSTRY	
SUAL RESIDEN	CE (IF NURSING HOME OR		GIVE RESIDENCE BE	FORE ADMISSION)	13d. INSIDE CIT	Y LIMITS?	13e STREET ADDRESS			
MD	B	ALTE	ESSI			NO D	9487	HOI	14/50/V	BUD
4. FATHER'S NA		MIDDLE	LAST		15. MOTHER'S	MAIDEN NAM		1/A	14	CT.
Jo	HN	LAI	V 5		CAR	RIE	ARCI			,,
WAS DECEA	SED EVER IN U.S. AR	MED FORCES?	166 SOCIALS		17 INFORMAN	IT	ADDRE			
NO		C AAAA CA CA CA	214 0.	32455	MAI	Rr 5	CHAUB	73	104. K	ENLEA
18 CAUSE	OF DEATH (Enter on DEATH WAS CAUSE)	ly one couse per	line for (a), (b)	, ond (c)	Α					ONSET AND DEATH
PARTI.	IMMEDIAT	E CAUSE (a)	Cardio-	pu Imona	ry Arre	St				
47	197	DUF TO O	RAS A GONSE	OUENCE OF						A. 133
Condition	s, if ony, which	((b)_	Cardio-	vascula	r Accid	lent				
gove rise	to immediate o), stating the	DUETO	R AS A CONSE	OUENCE OF						
underlying	g couse lost	(c)		_						
	THER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING '	TO DEATH BUT I	NOT RELATED	O THE TERMI	NAL DISEASE OR CONI	ITION G	IVEN IN PART 1	0 '
0										
190 DATE C	F OPERATION	196 COND	ITION FOR WH	ICH OPERATION	WAS PERFOR	MED	200 AUTOPSY?		ES, WERE FINDI	
# L							YES NO		YES [NO [
21a ACCIDE	NT WAS UNDERLYING	21b. TIME O	FINJURY M. MONTH	DAY YEAR	21¢ HOW INJ	URY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2}	
OR CONTRIB	UTING CAUSE OF DEA NOTIFY MEDICAL EXAMINER	177		19						
OR CONTRIB	YOCCURRED	21e PLACE		d. dla., e.e.,	211 LOCATION	٧	CITY OR TO	WN	COUNTY	STATE
WHILE AT WORK	NOT WHILE AT WORK	(AT HOME, SIN	REET, FACTORY, OFFI	CE, FARM, ETC.)	JIREET		CIT OK 10			STATE
22 a.l certif	y that 🛍 (this haspit	ol) ottended th	e deceased fro	m July	5	, 19 82	July 6		, 19 82	that 🌿 (we) los
sow to	he deceased alive on,	July View July	6 19	9 <u>-82</u> , on	d that in Dec (our) opinion d	eath occurred on the do	te and ha	our and from the	couses stated
22b. SIGNA	TURE	wiew inie budy	1 1	D	EGREE				77r. DATE	SIGNED
	Hain	Kha	tilo	1		TENDING HYSICIAN	MEDICAL STAF		7/	6/82
22d. PHYSIC	CIAN'S NAME TYPE	PRINT)			22e ADDRESS				1	1
	Aziz k	Khatib M	1. D.		9000) Frank	lin Square	Driv	re 2123	7'
30 BURIAL, CRE	MATION REMOVAL			3c NAME OF CE	METERY OR C	REMATORY	123d. LOCATION			
(SPECIFY)	URIAL	7	101	llar C			CITY OR TOWN	~	COUNTY	STATE

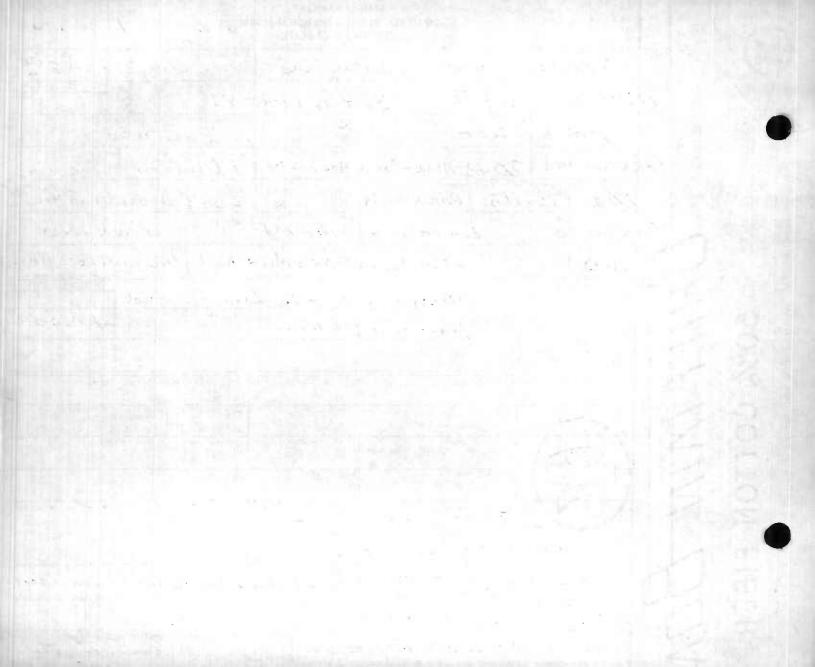
25a. DATE FEC'D. 817

DHMH - 16 50M 1/B1 (VRA 15, 4)





	1	STATE OF MARYLAND	
0 10	1	1 - FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	140
(M)	1. [DECEASED NAME OF FIRST MIDDLE UST 20. DATE OF DEATH, MONTH DA	182 8 4 M
ge 4 may a ector, page rs ofter deo	3. 5		FUNDER I YEAR IF UNDER 24 HRS
death. Pour	7 70	BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF COU	
os offer o) 10 F	PARKUITE Md 3543 More Cloud Are 2/234 (Type-orygin for most of working life)	126 KIND OF BUSINESS OR INDUSTRY
AND 212	136	JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 130. COUNTY 130. STREET ADDRESS 1	land Are 34
MARYL, and within ted	and the second		VNANO
be execution on the state of th	160	(ves, no or without) (IF yes, give war or dates) 212076320 MARGUENIE hapaglice - c	wife. Some
ON ST., BALI h certificate dung physicic orban paper or remavol.		18 CAUSE OF DEATH (Enter only one couse per line for p), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF. (1)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 M 6-3
that the deat that the atter d by the atter ease remove a oil, cremation		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	
or signer or the plant of injury, or	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	
AL RECO	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED 'ING CAUSES OF DEATH? NO
NG PHYSICIAN: Tottending physicians state this certificate as the bund-trons as the bund-trons had mental Hyg		OR CONTRIBUTING TO DEATH HOUR A.M. MONTH DAY YEAR	RT 1 OR PART 2)
DIVISION NG PHY offer this as the but the arked or arked	MEDICAL	21d INJURY OCCURRED WHILE AT WORK AT WORK CONTROL (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
ATTENDI spital or CTOR: A dfor use n of Healin		22e.1 certify that (I) (this haspital) attended the deceased from	9, that (# (we) lost and from the causes stated
TAL OR y the hory the horder DIRE detached to hate Depth of the Depth		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN OF THE PHYSICIAN DIRECTOR PHYS	22c. DATE SIGNED
O HOSPITAL etained by 11 TO FUNERAL should be det with the State (MPORTANT:		22d PHYSICIAN ME (TYPE OR PRINT) (, 1441e MD) 7527 More land Ball	to>1236mel.
DOBO BP_		Burial Aug.3,1982 Moreland Memorial Baltimore Balt	
DHMH - 16 60M 7/73 (VR A 15 (4))	24	FUNERAL DIRECTOR NAM Leonard J. Ruck Inc. Ballimore, Maryland 150. Date Rec'd. By Registrar 251 Registr	AR'S SIGNATURE



STATE OF MARYLAND FOR - STATE

SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTO. MD

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

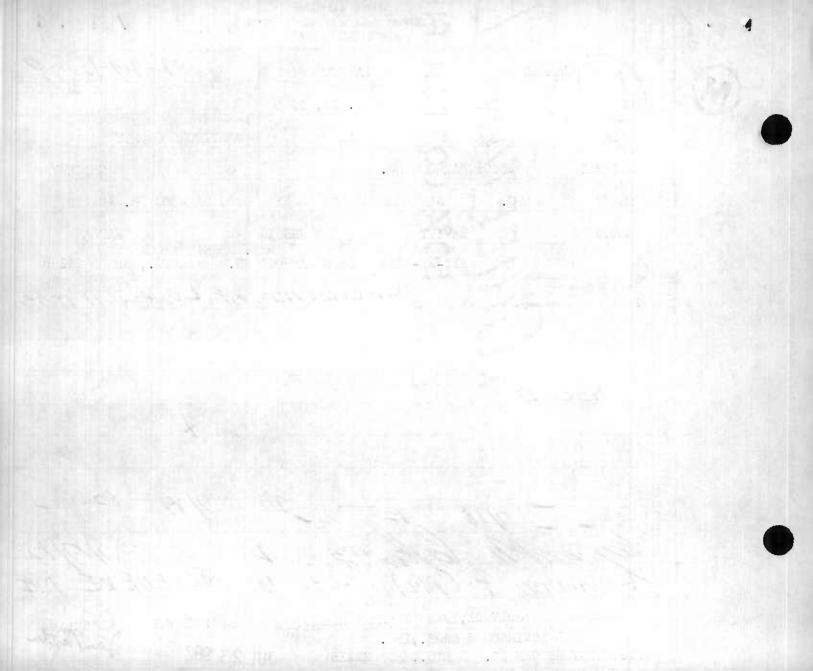
23 1982 Corres

25a. DATE REC'D.

R	REGISTRAR										
	ASED NAME	FIRST		MIDDLE	L	LAST	20 DATE OF	DEATH MONTH	DAY	YEAR	26 HOUR
(TYPE OR PRINT)		L		I	LAVITT		7-10-12 01				
3. SEX	/_/		4 RACE		5. DATE C		6 AGE INY	EARS LAST BIRTHDAY)	IF UN	NDER I YEAR	IF UNDER
MALE		WHITE		SEPT. 15, 1890		0	91	MONI	HS! DAYS	HOURS	
	RUSSIA © CITY OR TOWN OF DEATH BALTIMORE		76 CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSING		8	MARRIED NEVER MARRIED WIDOWED X DIVORCED GOOD HOME OR OTHER INSTITUTION		RE CITY OR COL	JNTY OF	DEATH	
								BALTIMORE COUNTY 120 USUAL OCCUPATION 126 KIND OF BUSINE			
					NG HOME C						F BUSINES
			(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) 6806 DARWOOD DR.				OWNER OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GROCERY				
13a. STA	RESIDENCE (IF NURS ATE .RY LAND	13b COUN	OTHER INSTITUTION TY LTO.	136. CITY OR TOW	/N	13d. INSIDE CITY LIMITS?	13e. STREET .	ADDRESS DARWOOD	DR.	#2120	19
14 FATH	HER'S NAME					15. MOTHER'S MAIDEN NA		2.4	Div.		,,,
	JACOB		NDDIE	LAVITT		BESSIE	ΕΕ	MIDDLE		APLÁÑ	j
N	O OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	218-32-4	4218	6806 DARWOOI	DR.	SPERPRO(BALTO	. MD	2	21209
0	PART I. DEATH W Conditions, if any, gove rise to imm cause (a), statinunderlying cause	which nediate g the	DUE TO, (b)_	OR AS A CONSEQUI	ENCE OF	Reinoma	of	LON	6	BETWEEN	MATE INTERVONSET AND E
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DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST 20. DATE KNOWN DECEASED NAME 76 HOUR (TYPE OR PRINT) OF ESTI-Josephine Marie 82 19 Lawson 4 RACE SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 7:05 DATE MONTH LAST BIRTHDAY PRONOUNCED 19 82 55 B 4 11 DEAD DM YRS 76. CITIZEN OF WHAT COUNTRY? 7g. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! West Virginia U.S.A. Baltimore County. DIVORCED X WIDOWED [CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION LITYPE OF WORK 12b. KIND OF BUSINESS IN SUCH FACILITY, GIVE STREET ADDRESS Randalistown Baltimore County General Hospital USUAL RESIDENCE (IF IN NURSING, HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE N36 COUNTY 13c. CITY OR TOWN 13d INSIDECITY LIMITS? 13e STREET ADDRESS 807 Spedden Street Baltimore YESX NO [MD AND 2 ST 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Alston Gussi unkn 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO ADDRESS DIVISION IYES, NO. OR UNKNOWN) N/A Jerry Lawson 3704 W. Saratoga St. No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Anaphylaxis IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which Bee stina gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING TOOM 7 19 82 Subject stung by bee 21e PLACE OF INJURY (AT HOME 21 LOCATION STREET, FACTORY, FARM, FTC 1 COLINIY STATE WHILE AT WORK grounds Wilson Lane Balto Md. Pikesville TO MEDICAL EXAMINER: THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE SITA BALKIMORE, MARYLEMD, 2 22a. I certify that charge of the remains desprined above, held an Inquiry death resulted fram Atural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Beduty ChiefMEDICAL EXAMINER DATE 7/8/82 SIGNATURE EXAMINER'S NAME Thomas D. Smith. M.D. III Penn St. Balto. MD. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION COUNTY STATE Balto. Co. Burial 7/13/82 Arbutus Mem. Park 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH - 17** Wm. C. March F/H, Inc. 1101 E. North Ave. (VR A15 ME (5)) 20M 4/B2

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG. NO MIDDLE I. DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-REV. EDWARD LECARPENT TER JR. DEATH MATED 3. SEX IF UNDER 24 HRS DATE PRONOUNCE Jan.11,1935 DEAD Male White To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Pelaware TISA Baltimore Co. WIDOWED DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED, V IR CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Episcopal Ministe Sparks E USED AS A BURIAL TRANSIT PERMIT, PAGES I AND 2 SHOULD BE OF HEALTH AND MENTAL HYGIENE, DIVISION OFWITAL RECORDS, JRIAL, CREMATION, OR REMOVAL. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Sparks 13d INSIDE CITY LIMITS? 130 STATE 15424 Duncan Hill Road Balto. Md. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Edward Jennie Albers Lecarpentier 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS Mrs. Mary W. Lecarpentier Greenville N.C. 213-32-8184 18 CAUSE OF DEATH (Enter anly one cause per line for (a) (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO D WRITING THE WOR ARDED TO THE CH GE 3 SHOULD BE U 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING 21201 PRIOR CONTRIBUTING CAUSE OF DEATH TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P AT WORK NOT WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Hamicide Undetermined manner death resulted fram: Natural couses EXAMINER'S NAME TYPE OR PRINT 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY Baltimore, Md. STATE Cremation July 24,82 Westview Memorial BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR Eline Funeral Home Reisterstown, Md. 21136 DHMH - 17 (VR A15 ME (5)) 15M 2/80

STATE OF MARYLAND

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STATE OF MARYLAND

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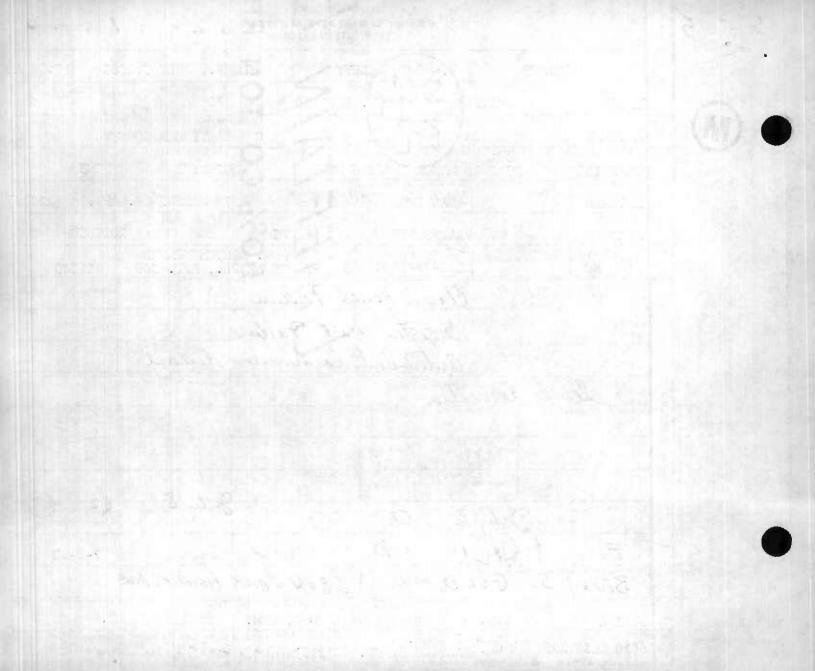
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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔎

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STATE OF MARYLAND

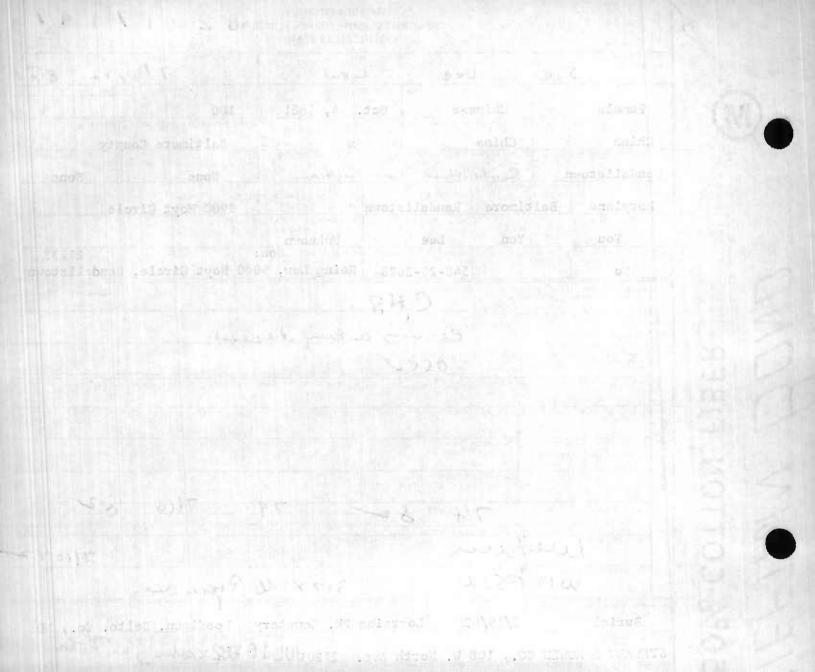


STEWART & MOWEN CO., 108 W. North Ave.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



9		FOR STATE REGISTRAR	DEP H.	ARTMENT OF HE CERTIFI	OF MARYLAND ALTH AND MENTAL H CATE OF DEATH	REG. N		48
7 £		CEASED NAME FIRST	ARY LEWIS	LA.	51	20. DATE OF DEATH	7 /8 /82	25 HOUR 4:53P
	3, 58	F	4 RACE	5. DATE OF	DAY YEAR	6 AGE (IN YEARS LAST BIR		
(M)	Jo B	IRTHPLACE INTERPORTION	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIED WIDOWED		_	I MORE	M
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egned by the othershing is an please remove cabon briol, removing, or rem kry, or other fraumatic ev-	z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	EQUENCE OF		I R.U.L.	DITION GIVEN IN PART	lía
ows only in	CERTIFICATION	TN DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
s the burial front	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER, NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH		21¢ HOW INJURY OCCU 21¢ LOCATION STREET	JRRED (ENTER NATURE OF INJUI		STATE
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hould be de		DR C TSER			776. ADDRESS			0
5	23a.	CREMATION, REMOVAL	7-12-82	1711	M HILLEH	23d COLATION	Survivourity	STATE STATE
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deoth.		ECEASED-NAME Type or print) Ma	First ry	Н	Middle	Li	lost nthicum		2a. DATE OF	Manth July	v1, 19 82	2b. HOUR A 5:20 _M
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. De retained by the hospital or attending physician. **IRECTOR:* After this certificate has been signed by the attending physician and completely filled in for the funeral error as shauld be detached for use as the burial, tremating the please remove carbon papers. Pages 1 and 2 admits the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.	3. S	Female		White			S. DATE OF B	IRTH st 6, 18	386	6. AGE (In years last birthday) 95 YRS.		F UNDER 24 HRS. HOURS MIN
24 hours of in by 22 hours. Thousand in by 22 hours.	cau	BIRTHPLACE (State ar foreiç ptry) Maryland	gn 7b. CITIZE	N OF WHAT O	А	WIDOWED		RCED _		timore C	ounty	Md.
completely filled ove corbon pape y event-within 7	,	Towson		give street	of Hospital or ins address) sbyteria	n Ho	me	during mast Supe	of working	(Kind of wark dane life, even if setired.).	12b. KIND OF BU INDUSTRY Work	JSINESS OR
complet ove cor	adm	USUAL RESIDENCE (Where ission) STATE Maryland	deceased lived, i	Institution: DUNTY	Residence before		more	13d. INSIDE CITY LIMITS YES NO		REET AND NUMBER 1 St. Jol	hn's Roa	ad
se remo		FATHER'S NAME First	Henr	Aiddle	Last Hopkins	5	Ma	AIDEN NAME First	w.	Middle -	Hyde	Lost
physicion and con please reminoval, ond in on	160	. WAS DECEASED EVER IN U 'es, no, or unknawn) (1f)	.S. ARMED FORCES res give war ar dates of s		SOCIAL SECURITY N		INFORMANT Mrs. (Catherir	ne O'	Neil, Gl		
ending print. The		18. CAUSE OF DEATH (Er PART I. DEATH WAS	nter anly ane caus CAUSED BY: MMEDIATE CAUSE ((a), (b), and (c).) Acute		ry occ]	lusi n n			APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
by the hospital or attending physician. by the hospital or attending physician. After this certificate has been signed by the attending physician be defoched for use os the buriol-tronsit permit. Then please State Dept. of Health prior to burial, cremotion, ar removal, and		Conditions, if any, which	gove) e (a),	(b)	CONSEQUENCE OF			rdiovas	cular	Disease	year	s
OR ATTENDING PHYSICIAN: The law requires the be retained by the hospital or attending physician. DIRECTOR: After this certificote has been signed by le 3 shauld be detoched for use os the buriol-trought with the State Dept. of Health prior to burial, cre		stating the underlying clast. PART 2. OTHER SIGNIFICAL	.0036	(c)		T DELATED Y	O THE TERMINA	L DISCASE OR SOME	DITION ONE			
ding pland p	NOI		Cerebra.	l arte	rioscler	osis,	senil	e demen	tia			
e has b use os ulth prid	CERTIFICATION	19a. DATE OF OPERATION			PERATION WAS PER		20a. AUTO YES	NOX	CAUSES	YES, WERE FINDINGS OF DEATH?		JIFYING
ed for of Hec	MEDICAL C	21a. ACCIDENT WAS UND OR CONTRIBUTING CAUSE (If either, notify medical	or DEATH HOU examiner)	P.M.	onth Day Year				iture of injui	y in Port 1 or Part 2,	Item 18.)	
detoch te Dept	N	21d. INJURY OCCURRED While Not while at work			OME, FARM, STREET, FACT E BUILDING, ETC.					ar Tawn	Caunty	State
Poge 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 shauld be d should be filed with the State		22a. I certify that (saw the decease causes stoted of	I) (this hospite sed alive an_ bbove,(1) (w e) (did) (diat	the deceose	d from 0, on ody after	d that in (mande oth.	y) (0x1r) apinio	_, to_J on death o	occurred on the do	ote and hour or	l) (‰e) lost nd from the
ore rerui		22b. SIGNATURE	Aleus	117	1 408	DEG	ATTENDIA	NG MED.	TOR	STAFE	DATE SIGNED	· Far S
o FUNERAL De director, pag should be fill		22d. PHYSICIAN'S NAME (Type)	5. J. Ve	NÁ	BLE	12	22e. ADD	RESS	onu		mon 4	
direct shoul		BURIAL, (REMATION, REMOVAL (Specify) Burial	23b. DATE 7/3/82		23c. NAME OF C	Chur	rch		Owe	N (City or Tawn)	Md	(State)
VR A15 (4) 45M · 1/69		FUNERAL DIRECTOR FO	lenry Wad Ba	/. Jer	Nd 2	Sons	Co.	2So. REC'D BY R	EGISTRAR 105	25h REGISTRARS	SIGNATURE	Then .

MARYLAND STATE DEPARTMENT OF HEALTH

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Eline Funeral Home Reisterstown, Md. 21136

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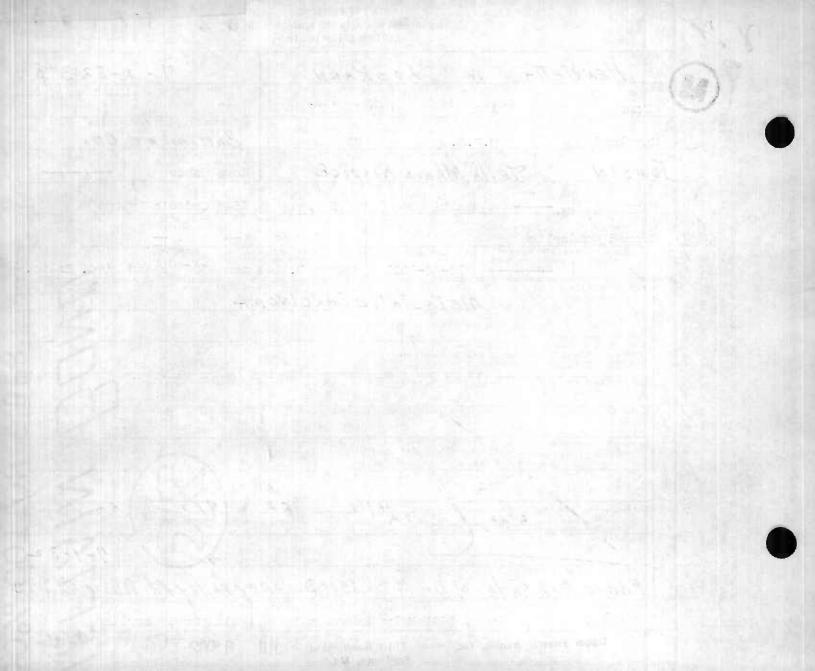
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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injury, or other traumatic

IMPORTANT: If Item 21 is marked or Item 18 shows ony

STATE OF MARYLAND								
DEPARTMENT	OF F	HEALTH	AND	MENTAL	HYGIE			

REGISTRAR				CEKITE	ICATE OF DEATH	REG. I	NO.			
1. DECEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH		AY YEAR	2b. HOU	JR
(TYPE OR PRINT)	JAMES		В.	MacI	ERMOTT, SR.	July 5,	1982			M
1. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST E		IF UNDER 1 YEAR		
Male		White		Jan	. 25, 1894	88	YRS.	ONTHS DAYS	HOUR5	MIN,
BIRTHPLACE (ST.	ATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8 AAA DD IE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
Marylan	d	U.S.A		WIDOWE	DIVORCED	Baltimo	re Co	unty,		MD
Towson		500 V	irginia	Ave.	Apt. 904	12d USUAL OCCUPA (TYPE OF WORK FOR MOST Calcula:	OF WORKING LIFE	126. KIND C INDUSTRY Raci		SS OR
USUAL RESIDENCE (130. STATE Maryland	13b COUN		13c. CITY OR TOV	VN	13d. INSIDE CITY LIMITS? YES NOXX	136. STREET ADDRESS	ginia	Ave.	Apt.	90
Thomas	Jose		cDermo	tt	15. MOTHER'S MAIDEN NA FIRST Anna	Lee		Pri	ce.	
16a. WAS DECEASED			166 SOCIAL SEC		17. INFORMANT	ADD				
Yes no or unknow	W.V	war OR Dates)	265-09-	-1333	E. June Smi	th 2201P	ot Spr	ring F	Rd.2:	109
18 CAUSE OF PART I. DEA	DEATH (Enter on ATH WAS CAUSE IMMEDIA)	Ď BY:	line for 10), (b), as	1 -	the Cardior	ascularo	liseas	APPROX BETWEEN	IMATE INTER	DEATH
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Z	SIGNIFICANT	ONDITIONS CO	DINTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OF CO	NDITION GIVE	N IN PART II	a	
190. DATE OF O	PERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDI		TH?
210. ACCIDENT W	AS UNDERLYING				21c. HOW INJURY OCCUR				110	
	G CAUSE OF DEA	CIPI -	m. month d	AY YEAR						
21d INJURY OC	CURRED	21e. PLACE			21f. LOCATION	CITY OR I	IOWN	COUNTY		STATE
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220 I certify th	ot (I) (Ihis hospi	ral) ottended th	e deceased from.	TT	10 1,1980		27/		that (I) (
sow the d	eceosed alive an	t) view the body		8 Z , or	nd that in (my) (a) opinion	death accurred on the	dote and hour	and from the	couses st	oted
226 SIGNATUR	5 11	20			DEGREE	d=0		22c. DATE	SIGNED	
45 h	n W.	Dow	-umo		ATTENDING PHYSICIAN [MEDICAL ST.	AFF ICIAN 🗍			
11	I'S NAME (TYPE O				22e ADDRESS					
John	W. Boy	wie, M	.D.		926 St. Pa	aul_St.38	5-022	3/243.	-540	0
230 BURIAL, CREMAT	ION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION		COUNTY		TATE
Burial	0.75	July 7	7, '82 Du	lane	y Valley Me	m Gar Ba	Lto. C	O M	_	TATE
24 FUNERAL DIRECT					250. DAT		R 256. REGISTR		TURE	
William	E. John	nson 8	521 Loc	h Rar	ven Blvd	7 1000	7	1: 031	1	(4)

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRARPS REGISTRAR'S SIGNAPORT THE

		REGISTRAR				CLKIII	ICAIL OI D	LAIN	REC	. NO.			
		CEASED NAME	FIRST	M	IGDIE	į.	AST		20. DATE OF DEAT	H MONTH	DAY YEAR	2b. HO	UROC
	{TYPE	OR PRINT)	MARY	М.	MacD	ONA	LD			Tuly	26 19	80 3	PM
	3. SE)	Х		4. RACE		5. DATE C			6 AGE (IN YEARS LAS	T BIRTHDAY	MONTHS DAY		ER 24 HRS
		Female		Whit		Octo	ber 2	1889	92	YRS.		S HOURS	MIN.
1	Jer BII	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF W	VHAT COUNTRY?	8 MADDIE	D NEVER A	APPIED T	9. BALTIMORE CIT	Y OR COUNT	Y OF DEATH		
1	-	Maryland			JSA	WIDOWE	DIX DI	ORCED	Baltimo		unty		MD.
	10. CT	ITY OR TOWN OF	DEATH		OSPITAL, NURSIN		OR OTHER INST	ITUTION	12a. USUAL OCCUI			OF BUSIN	VESSOR
6		Towson		Dulaney	y Towso	n Nu	rsing	Home	Homen			n Ho	me
1	13a. S	AL RESIDENCE (IFN	13h COUN	OTHER INSTITUTION C	BIVE RESIDENCE BEFORE 13c. <u>CI</u> TY OR TOW	'N	13d INSIDE CI	ITY LIMITS?	13e. STREET ADDRE	SS			
)	\sim	Naryland			Baltim		YES 🗽	NO [3900 N	orth C	harles	Str	eet
	14. FA	ATHER'S NAME		MIDDLE	1.057		15. MOTHER'S	MAIDENNA					
C		George		MIDDLE	Miedw	rig	M	ary	MIDD	C	se	LAST	
1		VAS DECEASED EV		MED FORCES?	16b. SOCIAL SECU	IRITY NO.	17 INFORMA	NT	AC	DRESS		-1.0	
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	NOI	underlying car	immediate ating the use last.	(c)	AS A CONSEQUE		NOT RELATED	TO THE TERM	INAL DISEASE OR C	ONDITION GI	VEN IN PART	l(a)	
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1	THE								YES NO	_	ES 🗌	NO	
7		210. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DE		MONTH DA	AY YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF	INJURY IN ITEM 18.	PART I OR PART 2		
	MEDICAL	21d. INJURY OCC		21e. PLACE O			211 LOCATIO	N	G.E.	OR TOWN	COUNTY		STATE
	W	WHILE NOT	WHILE WORK	(AT HOME, STRE	ET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CIITO	- /	COUNTY		STATE
П		22a.1 certify that	(1) (this haspi	tal) attended the	7/- 1	20.0	6/24	19 8/	, ta	7/26	1982	, that (I)	(v c) l ast
		saw the dece	eased alive an	t) view the body o	ifter death,	, ar	nd that in (my)	(aur) apinian (death accurred an th	e date and ha	ur and fram t	ne causes s	stated
		Bl.	edei	70%	Jones	alle	(1)		MEDICAL DIRECTOR PH	STAFF YSICIAN [22c. DA	TE SIGNED	6-
		226. PHYSICIAN'S					22e. ADDRES				AAD.	212	04
		Dr. Cha	rles f	O'Do	nnell, M				Road, T	owson.	, 1010	212	04
		BURIAL, CREMATIO	. ,				Ridge		23d. LOCATION	ville,	COUNTY	MD	STATE
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Sons Co. 21212

BP. DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR
4905 York

York Road

W. Jenkins & Balto., Md.

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#	1-	FOR STATE REGISTRAR			DEP		HEALTH AND MENTAL HY	GIENE 8 Z	10	/ 1	3 0
		CEASED NAME OR PRINT)	FIRST		RACE	MAG	CKEY	20 DATE OF DEATH July	MONTH D	AY YEAR 28	b. HOUR
M)	3 SE	Male		4. RACE White			of BIRTH Ist 29, 1902	6. AGE (IN YEARS LAST BE			UNDER 24 HRS
75		RTHPLACE STATE OR OUNTRY PROPERTY PROP		76 CITIZEN OF		TRY? 8. MARRII	ED NEVER MARRIED	9 BALTIMORE CITY (OR COUNTY		MD.
00		TY OR TOWN OF DE. Towson	ATH	(IF NOT IN SU	CH FACILITY, GIVE:	JRSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST Owner		17b. KIND OF B INDUSTRY Service	BUSINESS OR
myst be	13a S	AL RESIDENCE (IF NUR STATE ryland	136 COUP	other institution NTY timore	13c. CITY OR TOWS	TOWN	13d. INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS 307 Ala	bama Ro	oad	
Ox SC	14. F.A	Thomas		MIDDLE B.	Macke	ey	15. MOTHER'S MAIDEN NA Laura	WIDDLE		cotten	
rent, the medical		VAS DECEASED EVER (ES NO OR UNKNOWN) NO		MED FORCES? (E WAR OR DATES)	166 SOCIAL 219-14	SECURITY NO. -0973	Mrs. Gladys	R. Mackey			ad TE INTERVAL SET AND DEATH
rmit. Then please rem prior ta buriol, crema any injury, ar other tr	CERTIFICATION		ng the lost.	(c) CONDITIONS C	ONTRIBUTING		NOT RELATED TO THE TER/	MINAL DISEASE OR CON	206. IF YES,	N IN PART 1(a) WERE FINDING: ING CAUSES OF	S USED
or Hem 18 shaws	-	21a. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEA	HOUR A		I DAY YEAR	21c. HOW INJURY OCCUR	YES NO RRED (ENTER NATURE OF INJI	YES		NO 🗆
marked or th	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE	OF INJURY	FFICE, FARM, ETC.)	2 If. LOCATION STREET	CITY OR T	OWN 4-	COUNTY	STATE
h the State Dept. of Health		220 I certify that (I' saw the decess above, (I) (we) (22b. SIGNATURE 22d. PHYSICIAN'S N Ernest (ed alive and did) (did no	of PRINT)	ofter death	6-	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS 1134 YORK	MEDICAL STA	AFF		
W.		BURIAL, CREMATION, SPECIFY) Burial	, REMOVAL	23b. DATE 7-26-	-1982	Dulane	Valley	23d LOCATION CITY OR TOWN COCKEYSV	ille	COUNTY Mary	land
1		JNERAL DIRECTOR	Fune	ral Home	e, Inc.	1050	York Road 250 DA , Maryland	JE, REC'D. BY REGISTRAI	25b. REGISTR	AR'S SIGNATUR	e Thom

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	AND THE RESERVE TO SERVE TO SE	enton depertor officers	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Anna B. Mac Lean DEATH MATED 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. JE UNDER 24 HRS 24. DATE Nov. 3, 1911 70 VDC PRONOUNCE Female. White DEAD 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. Baltimore County, WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE! 526 Park Ave. Towson Home Maker Own Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Baltimore 13c. CITY OR TOWN 13e. STREET ADDRESS 526 Park Ave. 13d. INSIDE CITY LIMITS? 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FORM PA AUDDLE MIDDLE LAST Gabriel Stofko Anna Yuhas 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212**-**07-1073 Ronald F. Mac Lean Same as #13. CAUSE OF DEATH (Enter only one couse per line for the PART I DEATH WAS CAUSED BY MENTAL HYGIENE, N, OR REMOVAL. DUF TO OR \$5 A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED / 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HI PRIOR TO BURIAL, 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 211 LOCATION AT WORK AT WHILE STREEY, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Undetermined monner AFTER DEATH, BALTIMORE, M EXAMINER'S NAME Charles F. O'Donnell, M.D. 7501 York Road Towson, Md. 21204 (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION ITY OR TOWN July 13,1982 Mt. Maria Cemetery Baltimore, Maryland Towson BP Buria1 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAP. 166. REGIS RAPASIGNATURA 1050 York Road **DHMH-17** (VR A15 ME (5)) Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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DIVISION OF VITAL RECORDS.

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be	クマ		AL RESIDENCE (IF NURSI			GIVE RESIDENCE BEFO	RE ADMISSION)								
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									gnebra z	0011 100	70 11	CITIE .	1		MATE INTERVAL ONSET AND DEATH
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) \ PART I, DEATH WAS CAUSED BY												-	BETWEEN	ONSET AND DEATH	
55 5	- 1		1610	IMMEDIATE (CAUSE (a)	CARDI	ORES	PTRAC	TORY ARI	REST					
or of	- 3		1000		DUE TO, O	R AS A CONSEQU	JENCE OF								
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cre cre			underlying couse	last.	DUE TO, O	R AS A CONSECU	JENCE OF								
pleo prol.					(c)										
by by		z	PART 2. OTHER SIGN	HEICANT CO	NDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELA	TED TO THE TERM	INAL DISEASE	ORCON	DITION G	SIVEN II	V PART 1	0'
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permit. ne prior	03	CA	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PE	RFORMED	200 AUTO	PSY?				NGS USED OF DEATH?
t pe	X	H	1							YES 🗌	NOB		YES [NO 🗆
burial-transit Mental Hygie or Item 18 sha	19	CERTIFICATION	21a. ACCIDENT WAS UND	ERLYING	21b. TIME C			21c HOV	V INJURY OCCUR	RED (ENTERNAL	URE OF INJUR	RY IN ITEM 1	8 PART I	OR PART 2)	
tol !	9		OR CONTRIBUTING C			.M. MONTH [
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nd /	' I	ME.				REET, FACTORY OFFICE,	FARM, ETC.)		TREET		CITY OR TO	WN		COUNTY	STATE
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of H			sow the decease abave, (X we) (d	d alive on	July	19_	82	nd that in	₩ (aur) apinian (death occurre	d an the do	ate and h	aur and	fram the	causes stated
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43 ₹-	-	23a E	RUPIAL CREMATION S	BEMOVAL I	11h DATE	1 22.	NAME OF C	CAACTEDY	OD CDEMATORY	1234 LOCA	TION				

DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR:

Burial July 7,1982 24 FUNERAL DIRECTOR

236 DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION
CITY OR TOWN
Baltimore

STATE Maryland

Leonard J. Ruck, Inc. Baltimore, Maryland JUI

Most Holy Redeemer DATE REC'D. BY REGISTRARDS REGISTMAR

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DEPARTM	ENT	OF	HE.	ALTH	AND	MENT	AL	H
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MARGOLIS

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NO XX

13d INSIDE CITY LIMITS?

REG. NO 20. DATE OF DEATH

6. AGE (IN YEARS LAST BIRTHOAY

	5:450
DER I YEAR	IF UNDER 24 HRS
HS DATS	HOURS MIN

FEMALE CAUCASIAN I STATE OR FOREIGN

MARRIED NEVER MARRIED

9. BALTIMORE CITY OR COUNTY OF DEATH

(TYPE OF WORK FOR MOST OF WORKING LIFE

BALTIMORE COUNTY

12b. KIND OF BUSINESS OR

10. CITY OR TOWN OF DEATH PIKESVILLE

RUSSIA

(IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS) PIKESVILLE NURSING HOME

SALESPERSON BAKERY #21207 13e. STREET ADDRESS 3701 TWIN LAKES CT., APT. 209

MARYLAND 4 FATHER'S NAME

STATE

DECEASED NAME

(TYPE OR PRINT)

REGISTRAR

BALTIMORE BALTIMORE

U.S.A.

WIDOWEXX

15. MOTHER'S MAIDEN NAME MIDDLE FREDA

UNKNOWN

INDUSTRY

MAYER 160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN)

166 SOCIAL SECURITY NO. 214-26-3215

BLUM

17 INFORMAIMRS. SYLVIA KRTEGER 3701 TWIN LAKES CT., APT. 209

#21207

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse

HETERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 PART 2 OTHER SIGNIFICANT CONDITIONS

21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY

HOUR A.M. MONTH DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE

OR CONTRIBUTING CAUSE OF DEATH

190 DATE OF OPERATION

21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN COUNTY

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an and that in (my) (corr) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (die 220 DATE SIGNED

211 LOCATION

22b. SIGNATURE

ATTENDING MEDICAL DIRECTOR PHYSICIAN

7/2	9/	18	_
Mn	2	17	10

22e ADDRESS

230 BURIAL CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

BALTIMORE

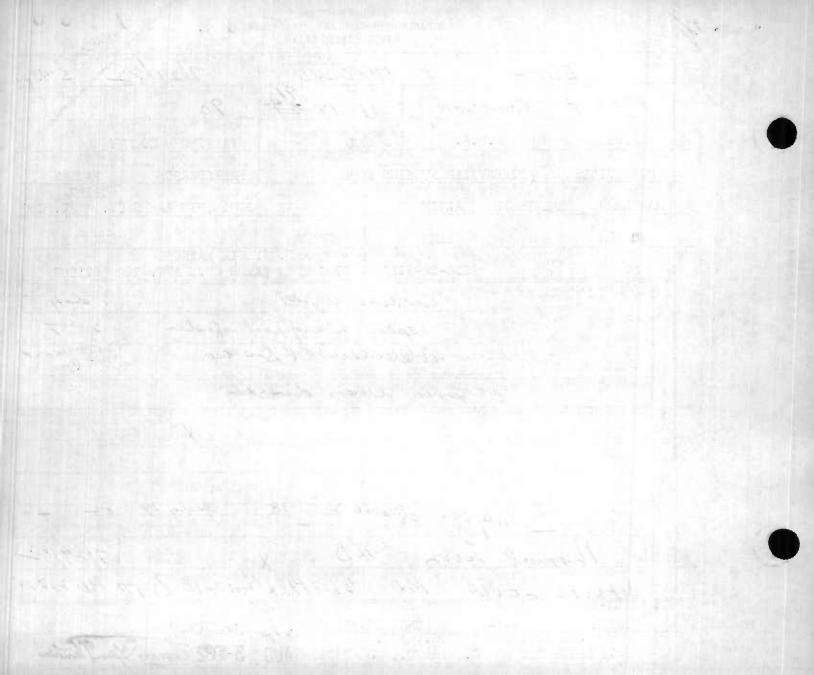
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BURIAL

BNAI ISRAEL CONG. 8-1-82 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

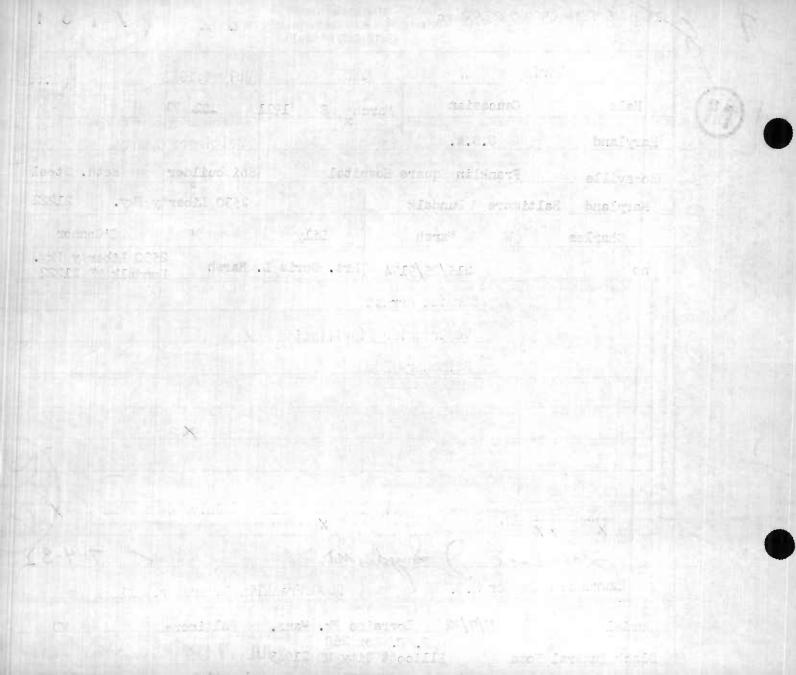
6010 REISTERSTOWN RD., BALTO., MD 21215

DHMH - 16 50M 1/81 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	. MARYLAND 21201
TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer deserbed by the hospital or attending physician.	uted within 24 hours ofter de
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the time should be detached for use as the buriol-transit permit. Then please comove carbon papers. Pages 1 and 2 should be filed with	completely filled in by the Till ond 2 should be filed with
with the State Dept. or recoin and Memor Hygiene prior to burior, cremation, or removal. IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the medical examiner must be confided th	examiner must be donling to

	1		REGISTRAR EASED NAME FIRST		MIDDLE	L.	AST	REG. N 2a DATE OF DEATH		YEAR	25 HOUR	
	1		Lor	ing	Н	M	ARSH	July 4,198	32		1 55 ^	
X		3 SEX		4. RACE			F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IE	UNDER I YEAR	IF UNDER 24 HRS	
J	Male To BIRTHPLACE (STATE OR FORE			Caucasian 7b CITIZEN OF WHAT COUNTRY?		March 8 191		72 71 YRS. P. BALTIMORE CITY OF COUNTY OF DEATH				
Y	Maryland 10 CITY OR TOWN OF DEATH ROSSVIlle			TI C A		ADDRESS)		Baltimore County 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIEE) Shipbuilder 126 KIND OF BUSINESS O INDUSTRY Beth. Steel				
)												
1 2 2 .	E	050A	L RESIDENCE IF NURSING HOME	OR OTHER INSTITUTIO	OTHER INSTITUTION GIVE RESIDENCE BEFORE A		13d. INSIDE CITY LIMITS?				21222	
	30	4 FA	THER'S NAME FIRST Charles	WIDDLE	w Marsh		15. MOTHER'S MAIDEN NAM			O'Com	O'Connor	
ows ony injury, or other troumotic event, the medical e	1	{Y	AS DECEASED EVER IN U.S. A ES NO OR UNKNOWN) (IF YES, C	RMED FORCES'	215/05/91		Mrs. Doris L	• Marsh	S2530 I	k MD	Pky.	
	2	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse iol, stoling the underlying couse lost. PART 2 OTHER SIGNIFICANT	(c)_ CONDITIONS	OR AS A CONSEQUE PU I MONARY CONTRIBUTING TO D	NCE OF Y Eder	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [VERE FINDIN NG CAUSES	GS USED	
200	1	W	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR	of injury a.m. month da p.m.		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18. PART	T OR PART 2)		
	7	CAL	(IF EITHER NOTIEY MEDICAL EXAMIN			19						
	7	MEDICAL	21d INJURY OCCURRED		E OF INJURY STREET, FACTORY, OFEICE, EA		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	7	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK (1) (this hos	pital) attended	E OF INJURY STREET, FACTORY, OFFICE, EA	ARM ETC)		, toJuly	4, 19.	82	hat (we) los	
If frem 21 is morked or frem 18 shows	7	MEDICAL	27d INJURY OCCURRED WHILE NOT WHILE AT WORK 27a L certify that (1) (this has sow the deceased alive above, (we) (did) (3dd) 27b. SIGNATURE	(AT HOME:	The deceosed from the deceosed	111 y 2	d that in (1) (our) opinion of OEGREE ATTENDING PHYSICIAN [276 ADDRESS]	, to JULY death accurred on the di MEDICAL STAI DIRECTOR PHYSIC	ote and hour of	82 nd from the c	hot (we) los	
IMPORTANT: If Hem 21 is marked or Hem 18 shows	7	?3a. B	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a L certify that (1) (this has sow the deceased alive cobove, K (we) (did) (3d) 22b. SIGNATURE	pitol offended y y y y y y vi) view the book of PRINT) Snyder	E OF INJURY STREET, FACTORY, OFFICE, EA the deceosed from 4 19 W.D.	INTY 3	d that in (1) (our) opinion of OEGREE ATTENDING PHYSICIAN [276 ADDRESS]	to July death accurred on the de	4 19. pote and hour of	82 nd from the c	hot (we) lost	



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(VRA 15, 4)

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STATE OF MARYLAND FOR STATE REGISTRAR

Duda-Ruck, Inc, 7922 Wise Ave., Balt., Md.

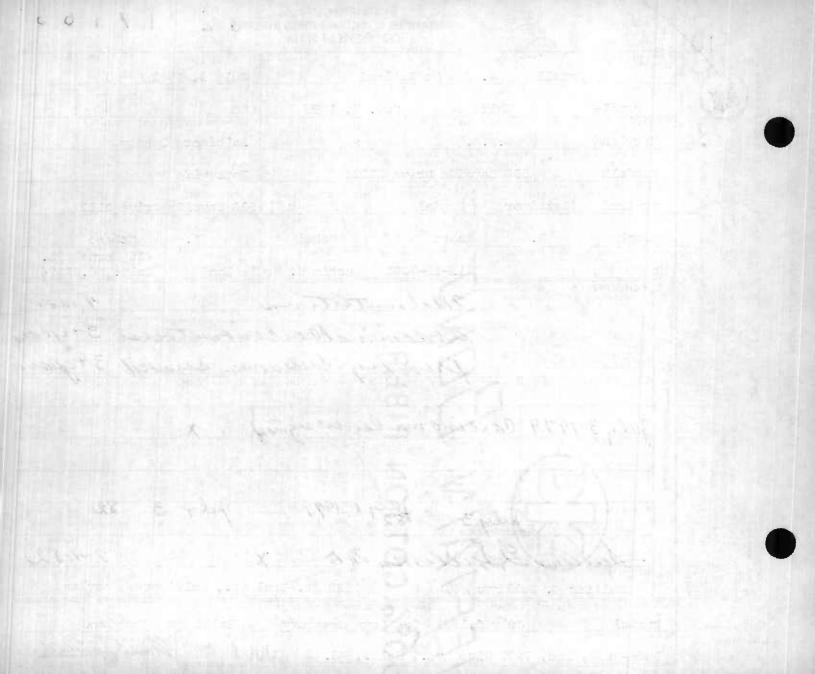
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	112010111111						REG. N	10.				
	ECEASED NAME	FIRST	Section 1	MIDDLE		AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOL	UR	
		azell	W.	McC	Clellan	d	July 3, 1	982		Project Control	M	
2.5	EX	4	RACE		5 DATE (6 AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER	R 24 HRS	
	Female		White			7, 1895	86	YRS	DATS	HOURS	Mills.	
1	BIRTHPEACE (STATE OF FOREIGN		76 CITIZEN OF WHAT COUNTRY?		RY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
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10.0	ITY OR TOWN OF DE	ATH 1		HOSPITAL, NUR		OR OTHER INSTITUTION	12b. KIND OF BUSINESS OR					
-	Dundalk 530			side Di	cive 21	222	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife					
	JAL RESIDENCE (IF NUR!	13b COUNT		GIVE RESIDENCE BE		1 136 INSIDE CITY LIMITS?	113e STREET ADDRESS					
M	aryland	Balti	more	Dundal		YES NOX	530 Baysid	le Driv	e 2122	2		
14 F	ATHER'S NAME		IDDLE	LAST		15. MOTHER'S MAIDEN N			LAS			
J	oseph	H.		Moore		Mabel	L.	М	cLane			
	WAS DECEASED EVER		ED FORCES?	166. SOCIAL SE	ECURITY NO.	17 INFORMANT	ADDR	ESS 415	Horne	1 St		
N		(ir tes, Give	WAR OR DATES!	215-10-7801 Austi		Austin S. Mo	Clelland	Bal	t.,Md.21224			
N	18 CAUSE OF DEAT	'H (Enter only	one couse per	line for (a), (b),	ond (cu)				BETWEEN	MATE INTE	RVAL	
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	19 52 MARIE CASE IS											
	Conditions, if ony, which (1b) Att Amy all Carlino material									+01	om,	
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	cause (a), statu underlying cause			17+	-10	111						
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	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/8											
ATIO	19a DATE OF OPERA	TION	196 CONDI	TION FOR WH	ICH ÖPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES.	WERE FINDIN	NGS LISE	D	
MEDICAL CERTIFICATION	Que 3.	1979	Car	cinoma lever signe			IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NO					
	(1a. ACCIDENT WAS UNDERLYING 7 216. TIME O			F INJURY 21c HOW INJURY OCCUR								
	ON CONTRIBUTING CAUSE OF DEATH			M. MONTH DAY YEAR			THE TENTEN NATIONS OF NA	2M 1 17 11 EM 10 7 -				
	(IF EITHER NOTIFY MEDI		21e PLACE		19	211 LOCATION						
	WHILE TO NOT WE	HILE [7]		EET, FACTORY, OFFI	CE FARM, ETC)	STREET	CITY OR T	OWN	COUNTY		STATE	
	AT WORK AT WO		b a b a b a b	1 17	And Sin	1 1919	0.0.	2	- 20,			
		22a. I certify that (I) (this haspital) attended the deceased from 1997 1997, to 1997 1997, that (I) (we) los saw the deceased alive on 1998 200 and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did and) view the body after death									(we) lost	
	obove, (I) (we) (did) (did not)	view the body	after death.		DEGREE	- ded in organica on the t	3016 0110 11001	22c DATE	_		
	THE SIGNATURE	10	98				MEDICAL ST	AFF	12C. DATE	II_O	7	
	Austin Author MA ATTENDING MEDICAL STAFF PHYSICIAN MIDIECTOR PHYSICIAN								1-	7-0	2	
1	220 PHYSICIAN'S NAME ITYPE OR PRENTY Sullins G. Sullivan, MD 220 ADDRESS 1129 St. Paul St., Baltimore,								Maxwell	222		
-			ullivar			<u> </u>		THOTE,	, Maryl	and		
230.	BURIAL, CREMATION,	REMOVAL	23b. DATE	2	3c NAME OF C	EMETERY OR CREMATORY	CITY OR TOWN		COUNTY		STATE	
	Burial		July 6	,1982	Oak La	wn Cemetery	Baltimo	re, Ma	ryland			

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

APORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the ould be detached for use as the burial-transit permit. Then please remove carbon pape ith the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar remaval.



Balto., Md.

Anatomy Board

- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE SA

STATE OF THE SAME OF THE

DHMH - 16 50M 1/B1 (VRA 15, 4)

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

Burial Aug.3,1982 24 FUNERAL DIRECTOR

Trinity Church Cem. 1050 York Road 250. DW

IF UNDER 24 HRS

NO F

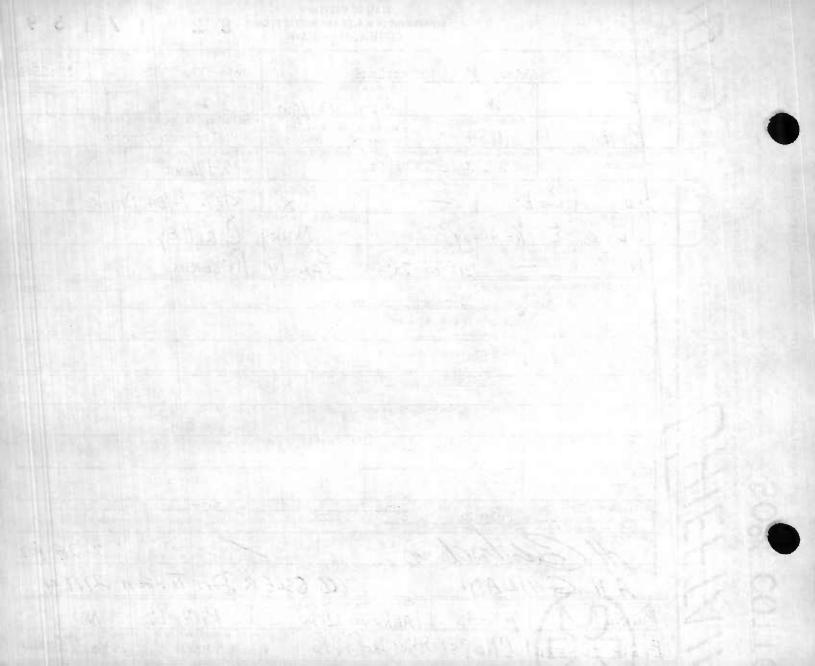
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Balto., Md. Long Green

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(VRA 15, 4)



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE Q

/	REGISTRAR (47903	2		CERTIF	ICATE OF DEATH	O	REG NO			
	DECEASED NAME YPE OR PRINT)	PIRST			MEA	ADOWS		OF DEATH M		1674	76 HOUR 8:38 A
3 S	SEX		4 RACE		5. DATE	OF BIRTH	6 AGE (II		DAY) IF	F UNDER I YEAR	IF UNDER 24 HRS
9 1	MALE		WHITE		Jun	28 1926		5€		DATS DATS	HOURS MIN.
64	BIRTHPLACE ISTATE OR COUNTRY) WEST VIRGIN		U.S.A		MARRIE WIDOWI	D NEVER MARRIED !		ORE CITY OR	COUNTYO		ME
5	FORT HOWARD		VA MED	FACILITY, GIVE STREET A	ER	DR OTHER INSTITUTION	(TYPE OF W	ORK FOR MOST OF V	WORKING LIFE)	INDUSTRY	of Business or
130 I	MARYLAND	13b COUN	TY	13c. CITY OR TOWN	V	YES NO X	623		SEX RO	AD 212	221
9	FATHER'S NAME FIRST LUTHER	LE	E			15 MOTHER'S MAIDEN	NAME	PEARL			ADOWS
160	WAS DECEASED EVER					Martha E.	Meado			1.4. A.	UD, MD
CERTIFICATION	gove rise to im cause (a), stati underlying cause	mediate ng the e last. NIFICANT C	DUE TO, OF	RAS A CONSEQUE ONTRIBUTING TO D	NCE OF	SE: DIABETES	MELLI'	TUS TOPSY?	20b. IF YES, V	WERE FINDS	INGS USED S OF DEATH?
MEDICAL CERT	0.0.00.00.00.00.00.00	CAUSE OF DEA	TH HOUR A./	M. MONTH DA M.	Y YEAR			-		-	NO []
MED	AT WORK AT WO	HILE D	(AT HOME STR	EET, FACTORY, OFFICE, FA		STREET	,			COUNTY	STATE
	sow the deceos	ed ative an	JULY	20 19 8	32	nd that in (my) (aur) apini	, 10		. 17	and from the	
1	1	REGISTAR 6479032 CERTIFICATE OF DEATH REGISTAR 6479032 REPORT OF THE PROPERTY									
		1				VA MEDICAL	CENTER	FORT	HOWARI	D, MD	21052
730	CONTRACTOR -			2000		EMETERY OR CREMATOR	ens Ba	CATION ITY OR TOWN I ltimore	Coun	county	d.
-	negtor Mzdzinski	Funer	al Bome	after	-	75a C	DATE REC'D BY	1982	REGISTR	ARS SIGNA	Waither
W			v								1. 12. 14. 17

DHMH - 16 50M 1/81 (VRA 15, 4)

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V	1 -	STATE REGISTRAR				ICATE OF DEATH	REG. NO	0.		1
90		EASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
		FREDERI	CKA		ME	TZGER		7 05		6 AM
[(M)	1. SEX		4. RACE		S. DATE (6. AGE (IN YEARS LAST BIR	THDAY) IF I	THS DAYS	HOURS MIN.
		EMALE	WHIT		5	75 90	92	YRS.		
01125		THPLACE (STATE OR FOREIGN UNITRY)	U.S.	what country? A_{ullet}	MARRIE WIDOW	D NEVER MARRIED A	9 BALTIMORE CITY O			MD.
by the fu		VORTOWN OF DEATH	11. NAME OF	H FACILITY, GIVE STREET	ADDRESS	SUICLE	17a USUAL OCCUPATION OF THE CONTROL OF WORK FOR MOST OF MOST O	E WORKING LIFE)	INDUSTRY	ework
ND 212	130, S1	L RESIDENCE (IF NURSING HOW OF TATE	R OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE 136. CITY OR TOW Batting	'N	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	un Aver	we 21	224
d within d within	14. FA1	THER'S NAME GEORGE	WIDDLE	Metzoer		15 MOTHER'S MAIDEN NA Arrie		Schao	LAS	
A S S S S S S S S S S S S S S S S S S S	160 W	AS DECEASED EVER IN U.S. AF	RMED FORCES?	16b. SÖCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE		-	
OM POST	J YE	(1F YES, GI	VE WAR OR DATES)	220-48-0	7734	Margaret Joi	urdan 1435 S	tafford	l Rd.	21034
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE NG PHYSICIAN: The law requires that the death certificate be every attending physician and as the burial-transit permit. Then please remove carbon papers. From the and Mental Hygiene prior to burial, cremaion, or removal.		Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last	(b)_	R AS A CONSEQUI	non	ery Arley	disease			
RDS, 21 equires n signe Then p to bur injury, 4	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN	IN PART 10	
he law r oon. hos bee t permit. iene prion	CERTIFICATION	9a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN	G CAUSES	
DN OF VITAL PYSICIAN: The shing physicion s certificate h burial-transit p memoral Hygier r frem 18 show		2]0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	OF INJURY .M. MONTH D. .M.	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	1 OR PART 2)	
DIVISION ING PHYS r attendin of the bur th and Me orked or P	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
TTENDIN pitol or TTOR: Af for use of Healt		220.1 certify that (1) (this hasp saw the deceased alive or above (1) (we) (did) (did no			52,0	nd that in (my) (our) opinion				that (ID (we) last couses stated
AL OR A the hos AL DIREC detoched ate Dept. II. If Item		226 SIGNATURE	eroun			DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF IAN []	22c. DATE	SIGNED /
O HOSPITA Clouded by TO FUNERA should be de with the Stor		124 PHYSICIAN'S NAME (TYPE)	AROC	IN		34 Belfa	St Rd 7	mon	iam'	21093
1609BP		URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	7- 7-		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	- (ii	OUNTY MEL	STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 FU	NERAL DIRECTOR	n In			250 DA	TE REC'D. BY REGISTIAN	SHE SEGIRA	That	URE LAW

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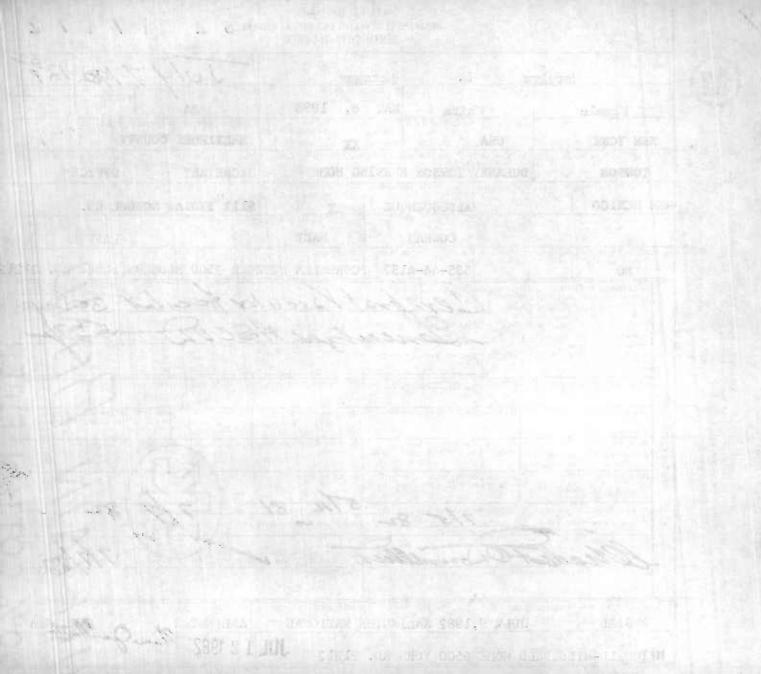
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3. SE	EX .	4 RACE		S. DATE C			ONTHS DATS	HOURS	ER	
7n D	Female SIRTHPLACE STATE OF FOREIGN		White OF WHAT COUNTRY	MAY	6, 1898 YEAR	84	YRS			
1	NEW YORK	USA	A	MARRIE		BALTIMORE CITY OF	COUNT	Y		
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130	JAL RESIDENCE (IF NUR ING FO STATE W MEXICO	WHEN OTHER INSTITUTE OUNTY	130 CITY OR TOV	WN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 9111 INDIA	N SCHO	OL RD.		
14 F/	ATHER'S NAME FIRST	WIDDIE	COWHAN	Ň	15. MOTHER'S MAIDEN NA MARY	MIDDLE		LAFFÊ		
	WAS DECEASED EVER IN U.S	. ARMED FORCES		CURITY NO.	17 INFORMANT	ADDR				
	NO	S, S. C. TEMP OR DATES!	585-44-4	4157	CORDELLA MET	ZGER 250D F	RODGERS	FORGE	RD.	n
	Canditians, if ony, whice gave rise to immediate cause (a), stating the underlying cause last	be (b), ce DUE TO, (c)	OR AS A CONSEOU		NOT RELATED TO THE TEDA	ASCOTA)	N IN PART 1	7	4
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6500 YORK RD. 21212

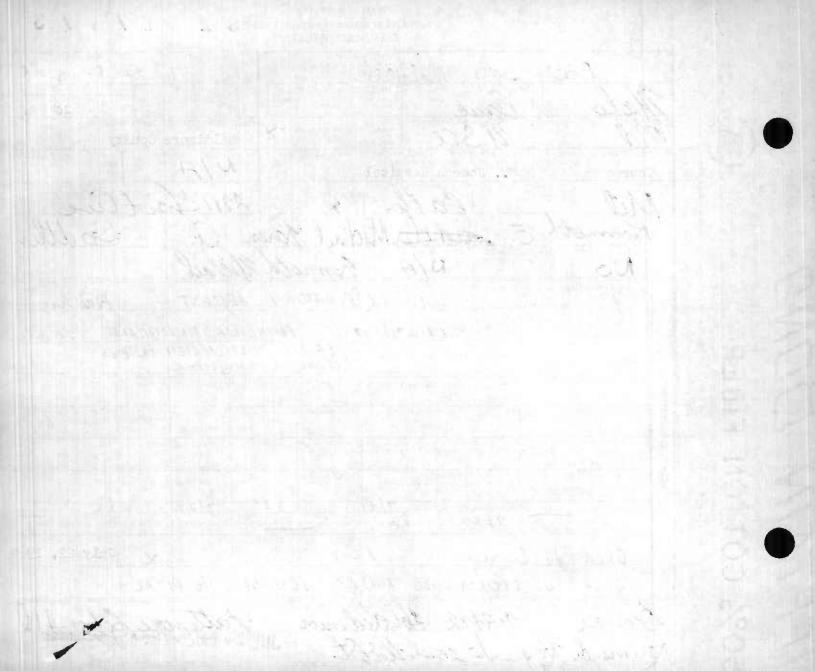
DHMH - 16 50M 1/B1 (VRA 15, 4)

MITCHELL-WIEDEFELD HOME

BP.



1	1	FOR - STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 CERTIFICATE OF DEATH	7 1 7 3
oy be ongs 3 death		REGISTRAR CEASED NAME FIRST E OR PRINT	Boy Michael 20. Date of DEATH MONTH D	AY YEAR 26 HOUR 8:14 AM
and the same of th	1	IL HOLAGE (STATE OR FOREIGN	MONTH DAY YEAR YRS. **CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY!	
		ITY OR TOWN OF DEATH TOWSON	WIDOWED DIVORCED Baltimore Cour	12h KIND OF BUSINESS OR
hin 24 hoursty filled in should be	13. 13.	AL RESIDENCE (IF NURSE COMMITTEE COUNTY)	OTHER INSTITUTES	ave
and camplet		WAS DECEASED EVER IN U.S. ARA YES, NOTIN (INKNOWN) I I IF YES, GIVE	MED FORCES? THE SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	Sadtler
that the death certificate be do by the attending physicion lease remove corbonpopers. I call cremation, ar removal.		PART I. DEATH WAS CAUSED	DUE TO, OR AS A CONSEQUENCE OF PITAL PULLUONARY INTO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PRODUCES 20 Rec
The low requires icion. The hos been signer is the property of the plant is the plant icide icide. The plant icide	CERTIFICATION	190 DATE OF OPERATION	YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
G PHYSICIAN: attending physicians certifical s the buriol-tron t and Mental Hy,	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTHER MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE ALWORK		RT 1 OR PART 2) COUNTY STATE
the haspital or I DIRECTOR: At tached far use o e Dept of Health		22e.1 certify that (1) (this hospite sow the deceased alive an above, (1) (we) (did) (did not) 22b. SIGNATURE	19 82 , and that in (my) (our) aprinon death occurred on the date and hour. DEGREE ATENDING MEDICAL STAFF	ond from the couses stoted 22c. DATE SIGNED July 22, 1982
TO HOSPITAL retained by the TO FUNERAL should be detuith the State with the State IMPORTANT:	73a I	22d. PHYSICIAN'S NAME (TYPE OR	LEONARDO H.O. ST. JOSEPH HOSPITAL	, , , , ,
DHMH-16 50M 1/B1	X	DEPAL DIRECTOR A	1-24-82 POLICE COMMETTER OR CREMATORY FIX LOCATION FOR THE PROPERTY OF CREMATORY FIX LOCATION FOR LOCATION FOR THE PROPERTY OF CREMATORY FIX LOCATION FOR THE PROPERTY OF CREMATORY FIX LOCATION FOR THE PROPERTY OF CREMATORY FIX LOCATION F	Star Ste



anding physician and completely filled in by the funeral director corbon papers. Pages 1 and 2 should be filed within 72 hours of

		FOR
1	-	STATE
		REGISTRAF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	6.0	1	7	2	~7	
5	2			24		4

	REGISTRAR				CEKTIFIC	ATE OF DEATH	REG. N	0		200	1										
I DECE	ASED NAME	FIRST	1	MIDDLE Warie	LAS		20. DATE OF DEATH		OAY YEAR	26 HOUR	?										
		Doroth	У	M Mi	ddleca	mp	Ju:	lv 17	1982	5:00	A										
3 SEX		4.	RACE	3 3454	5. DATE OF		6. AGE IN YEARS LAST BIR	4	IF UNDER 1 YEAR	IF UNDER 2	24 HR										
]	Female		Cauca	sian	May	6, 1921	61	YRS	MONTHS DATS	HQURS	MI										
7e. BIRT	HPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY C		OF DEATH												
I	Maryland		USA	5.00	WIDOWED		Balt	County	County												
10 CITY	OR TOWN OF DEA	ATH 11	. NAME OF H	HOSPITAL, NURSING	G HOME OR	OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY														
	Towson		S	t. Joseph	Hospi	tal	Housewi		Hom	е											
USUAL 13a. STA	RESIDENCE (IF NURS	TO COLUTY		GIVE RESIDENCE BEFORE	RESIDENCE BEFORE ADMISSION) IC. CITY OR TOWN 1134 INSIDE C		13e. STREET ADDRESS														
Maj	ryland	11171	RF	Bel Air		YES NO	217 Cro	cker	Drive												
14 FATH	HER'S NAME	MID	MIDOLE LAST		15. MOTHER'S MAIDEN NA		AME														
9	August		Barley		У	Marie	WIDDLE		Mc	Cour	t										
	VAS DECEASED EVER IN U.S. AF				7 INFORMANT	ADDRI	ESS														
1,63	NO OR UNKNOWN)	N/A	OR DATES)	Unavaila	able	Armond W.	Middlecam	p Sa	ame as	# 1	3										
10	8 CAUSE OF DEAT	H (Enter only o	one couse per	line for (a), (b), and	l (c).				APPROX 8ETWEEN	MATE INTERV	AL										
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronary Infraction																				
P	ART 2 OTHER SIGN	NIFICANT COI		(c) Ovarian Malignancy PITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 196. CONDITION FOR WHICH OPERATION WAS PERFORMED			INAL DISEASE OR CON 200 AUTOPSY? YES NO M	20b. IF YES	S, WERE FINDING CAUSES	NGS USED	1?										
A 2	10. ACCIDENT WAS UND	ERLYING	216. TIME O		1	TIL HOW INJURY OCCURE				110											
	OR CONTRIBUTING ()		HOUR A./	M. MONTH DA M	Y YEAR																
NED 21	1d. INJURY OCCURE		21e PLACE		2	If. LOCATION STREET	CITY OR 10)WN	COUNTY	STA	ATE										
	WHILE NOT WH	ILE C				318261	CITIONIO				270.1 certify that & (this hospital) attended the deceased from July 14 19.82 to July 17 19.82 that × (we) lost sow the deceased alive an July 17 19.82 and that in (**) (our) opinion death occurred on the date and hour and from the couses stated above. (we) (did) (6**) And view the Body after death.										
AI	20.1 certify that	(this hospital)	ottended the	e deceased from	July	14 19 82		7	19_ 82 , or ond from the	that X (we	e) li										
22	20.1 certify that	(this hospital)	July jiew the body	e deceosed from 17 19 19 19 19 19 19 19 19 19 19 19 19 19	July 82_, ond	14 19 82 that in (XXX (our) opinion of		7 ote and hou	19_ 82 r and from the	couses state	e) lo										
21 21 21	20. I certify that is say the decease obove. If (we) (c	(this hospital)	July Jiew the Body July -/ Gentry,	offer death. Jr. M.D.	July 82, ond	14 19_82 that in (XX (our) opinion of the second of t	to July 1 death occurred on the death occurr	7 ote and hou FF CIAN (226. DATE	SIGNED	8										
21 21 22 23a BUF	20.1 certify that as sow the decease obove, M (we) (c	(this hospital)	July July July July July July July July	ofter death. Jr. M.D. 23c N	July 82 ond	14 , 19 82 What in (M) (our) opinion of the second of the	to July 1 death occurred on the death occurr	7 ote and hou	22c. DATE	SIGNED 21204	8										
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Catonsville,

Md.

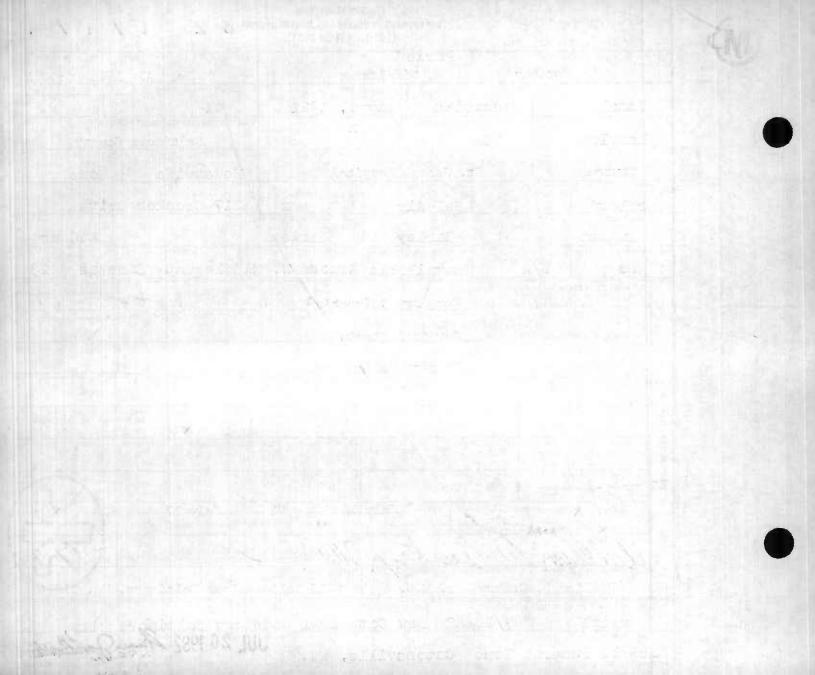
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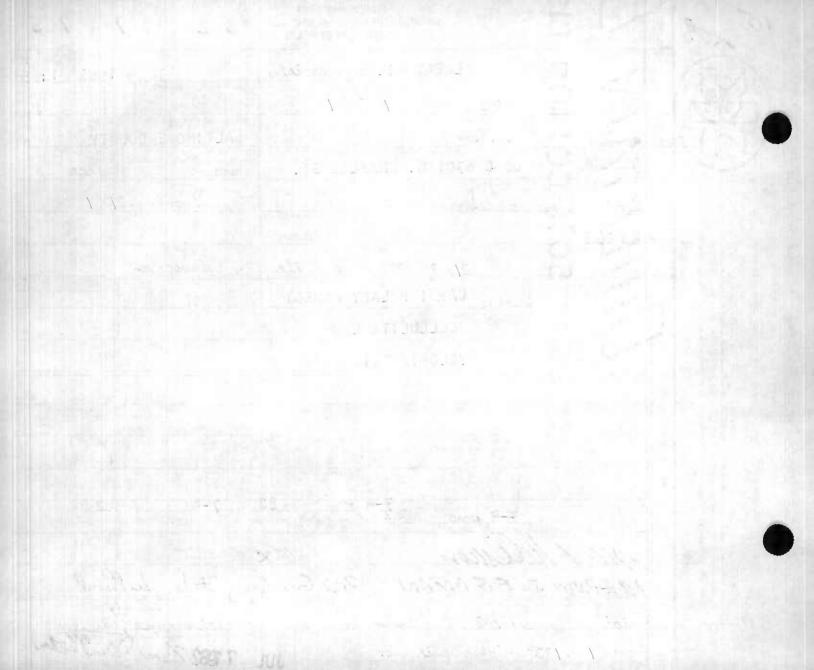
Mac Nabb Funeral Home

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

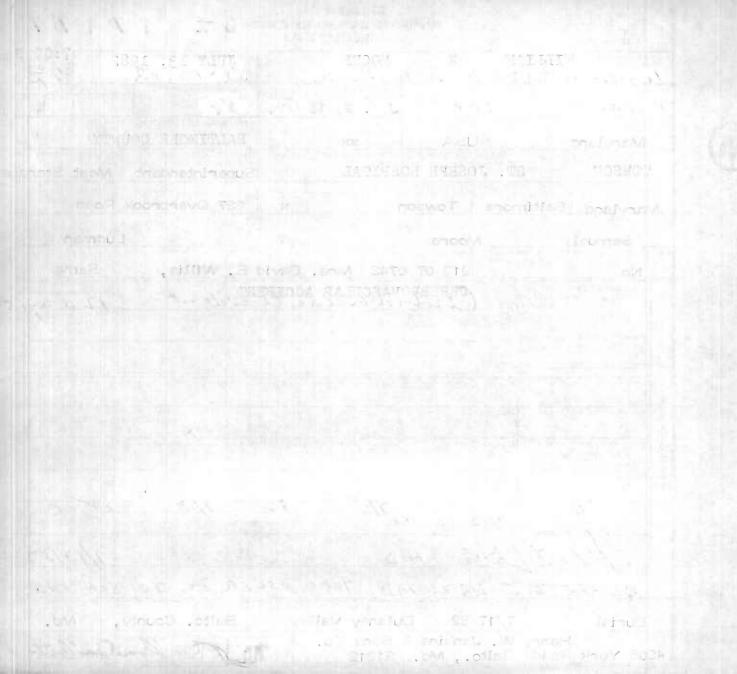
should be detached for use as the burial-transit permit. Then please remove carbon page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.





	1	FOR STATE REGISTRAR	DI		HEALTH AND MENTAL HY	GIENE 8 2	17	176
(M)		CEASED NAME FIRST SAL	BRINA LEE	MILL	ER .	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR 82 3:15A M
L.	3. SE	X	4 RACE	5. DATE	OF BIRTH TH DAY YEAR	6. AGE (IN YEARS LAST	BIRTHDAY) IF UND	ER I YEAR IF UNDER 24 HRS
Sun Carlo	No.	EMALE	WHITE	Jur	ne 30 1982		YRS	2
if be	1	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COL	MARRI	ED NEVER MARRIED X		OR COUNTY OF D	
1 50		MARYLAND ITY OR TOWN OF DEATH	USA	WIDOW		BALLIMOI	RE, COUNTY	MD. KIND OF BUSINESS OR
1 56		TOWSON	(IF NOT IN SUCH FACILITY, GE	VE STREET ADDRESS)		(TYPE OF WORK FOR MOS		DUSTRY
200	130.	AL RESIDENCE (IF NURSING HOME STATE	OTHER INSTITUTION GIVE RESIDEN	OR TOWN		13e. STREET ADDRES	S	
0		MD -	- B	ALTO	YES 🔀 NO 🗌	405 S.E	HWOOD	AVE
201	14. F.	ATHER'S NAME	MIDDLE 1	AST	15. MOTHER'S MAIDEN NA	MIDDLE MIDDLE	4-1-	LAST
-8/6	160 \	VARK VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	AL SECURITY NO.	HELENA 17 INFORMANT	ADD.	OE 13	Llata
12			GIVE WAR OR DATES)		MARK R.	Miller 4	05 S.EI	11.100
. ±		18 CAUSE OF DEATH :Enter o	only one couse per line for (a)	(b), and (c)	I THEN II.	Title!		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
went, th		PART I. DEATH WAS CAUS	ED BY.	10 RESPI	RATORY ARREST		14	Z.
or re		7702		NSEQUENCE OF	Prouncother	and Preur	amoderal	linius.
non.		Conditions, if ony, which	(10)	HOUSE OF CHILD	Da lo	Rotton.	17	- Innered
emolecular er fr		gove rise to immediate cause (a), stating the	DUE TO, OR AS A COR	NSEQUENCE OF	personery,	retagos	rueacqu	
ol, cr or oth		underlying couse lost	163		depois of	rewires	u	
ry.	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BU	T N 🔰 RELATED TO 1/4E TER/	MINAL DISEASE OR CO	NDITION GIVEN IN	PART I(o)
prior to	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WILLIAM CONTRACTOR	DALLWAS DEBEODUES	In AUTODSV2	TOU IF MES IMED	RE FINDINGS USED
ne pr	EIC.	198 DATE OF OPERATION	140 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING	CAUSES OF DEATH?
Shows	ER	710 ACCIDENT WAS UNDERLYING [21b. TIME OF INJURY		21c HOW INJURY OCCUR	YES NO	YES	NO [
FO H		OR CONTRIBUTING CAUSE OF DE			3	THE TENTER THE OF THE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Mentol Hygiene or Item 18 shows	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f LOCATION			
kedo	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY		STREET	CITY OR	TOWN CC	DUNTY STATE
mort		22a.1 certify that (I) (this hosp	nital) attended the deceased	from 6/	30 1º 82	· 7/0°	2 10	82 that (1) (we) lost
of He		sow the deceased alive or	7/02	19 82	and that in (my) (our) opinion	deoth occurred on the	date and hour and t	. 11101 (11 (110)1031
em 5		22b. SIGNATURE	not view the bady ofter death).	DEGREE			2c. DATE SIGNED
te De		Melell	wash mus	mill.	A ATTENDING	MEDICAL ST X DIRECTOR PHYS	AFF	7/2/82
ANT	1	22d PHYSICIAN'S NAME (179) Melchijah	OR PRINT)		22e ADDRESS	A DIRECTOR PHYS	SICIAN (X	1/2/02
with the Stot		VIRMA V. TO	RRES, M.D.	M.D./	GBMC - 670	1 N. CHARLE	ES STREET	21204
3 3	23a	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	0	
		BURIAL	73/82	OAK L	_AWN		ALAY	> Martho
M 1/81	24 F	UNERAL DIRECTOR	11	PP REAS \	25a DA	TE REC'D BY RECKS PA	R Sheen V	SIGNATURE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CER	RTIFICATE OF DEATH	REG. NO.	
DECEASED NAME	Charles F MORAN , SR. July 11,198				28.1100
3 SEX Male		5. DA		6. AGE (IN YEARS LAST BIRTHE	MONTHS DATE HOURS
BIRTHPLACE (STATE OR COUNTRY) Maryland	FOREIGN 76 CITIZEN O	WHAT COUNTRY? 8.	RRIED K NEVER MARRIED	Baltimore city or	
10. CITY OR TOWN OF DE	(IF NOT IN S Frank)	UCH FACILITY, GIVE STREET ADDRESS	spital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W RetB&O R.	ORKING LIFE) INDUSTRY
Maryland	SING HOME OR OTHER INSTITUTION 136 COUNTY Baltimore	N GIVE RESIDENCE BEFORE ADMISS 13t. CITY OR TOWN Parkville	13d. INSIDE CITY LIMITS?	3227 Hiss	Ave.
14 FATHER'S NAME FIRST James		last Ioran	15. MOTHER'S MAIDEN NA FIRST Mary	Jane	Clark
160 WAS DECEASED EVER (YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY N 220-20-1101		ADDRESS ine A. Moran	Same as # 13e
gave rise to imm cause (a), statin underlying cause	ng the DUETO,	or as a consequence o	to Acute Myoca		
190. DATE OF OPERA	TION 196 CON	DITION FOR WHICH OPERA	ATION WAS PERFORMED	20a AUTOPSY?	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH YES NO
OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH CALEXAMINER) RED 21e. PLACE (AT HOME. S		19 21f LOCATION	RRED (ENTER NATURE OF INJURY I	
22a.t certify that	(this hospital) attended ed alive on did (a) that view the bod	hand deceased from 2011 y ofter death.	, and that in ((v) (our) opinion DEGREE		ond hour and from the couses sto
22d. PHYSICIAN'S N	SUAR	2 M.D.		lin Square Dr	
230. BURIAL, CREMATION, (SPECIFY) Burial	7/14/8	The second secon	OF CEMETERY OR CREMATORY	23d LOCATION CITY OF LOWN Baltimo	re Maryland

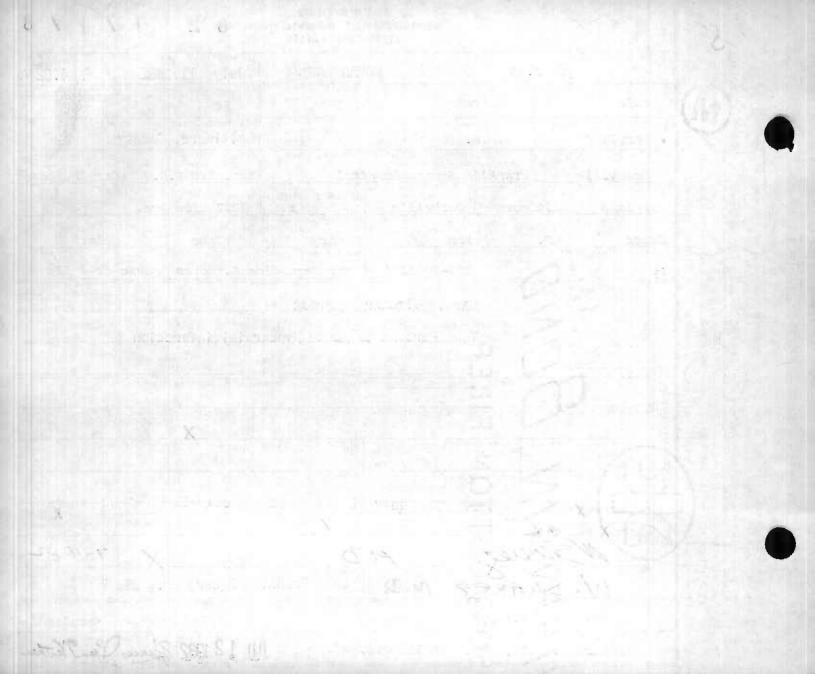
24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4)

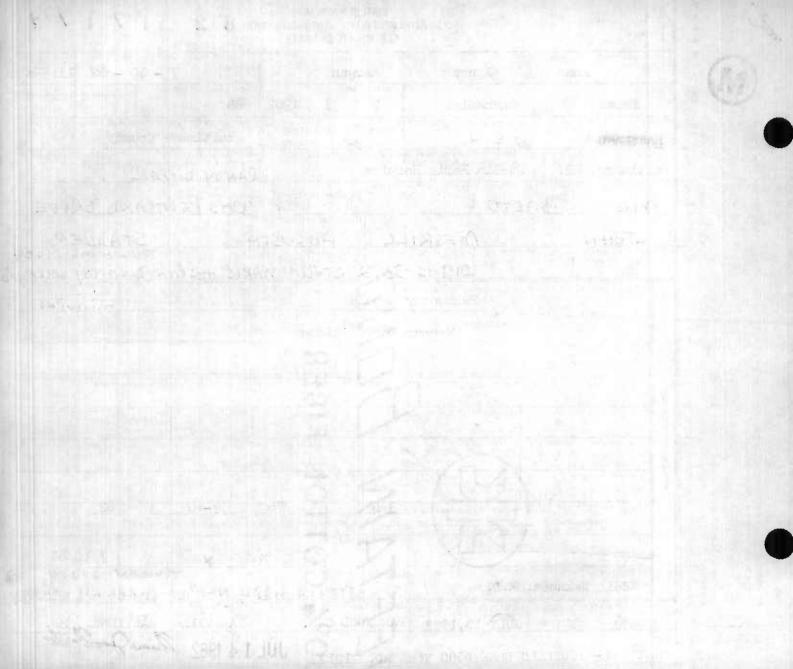
BP.

Leonard J. Ruck, Inc.

Baltimore, Md.

Maryland Maryland





Loring Buers Funeral Directors, Inc.

(VRA 15, 4)

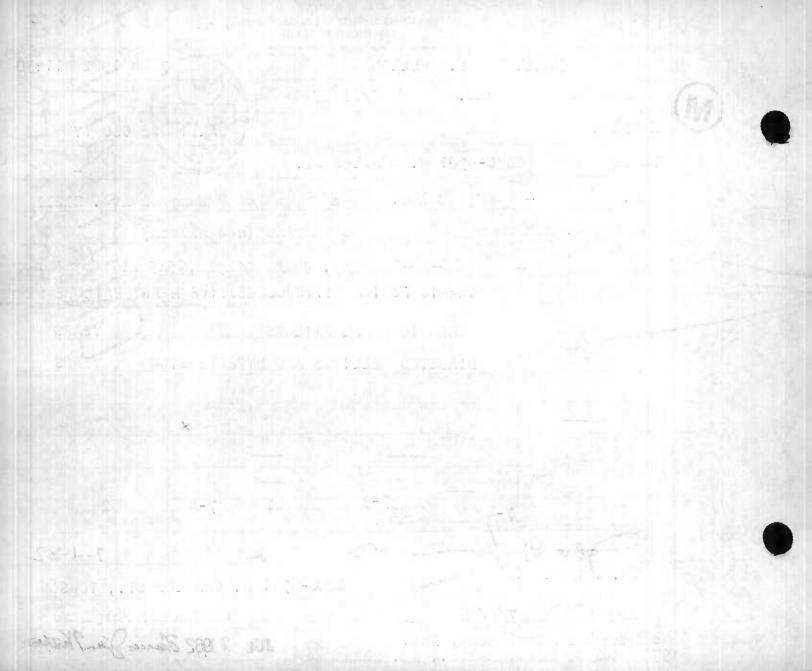
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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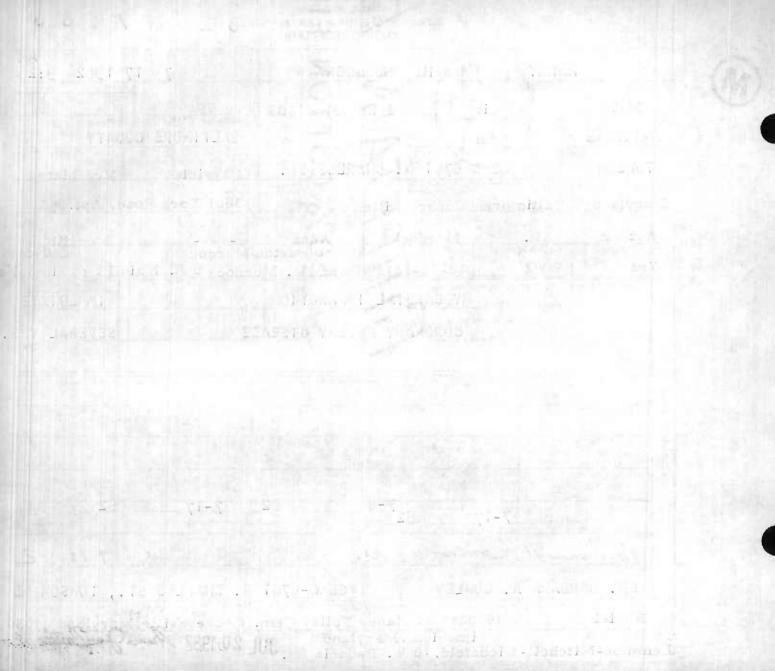
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3	1.	FOR STATE REGISTRAR		DEPARTMENT CEI	OF HEALTH AND MEN RTIFICATE OF DEA	NTAL HYGIE ATH	REG. N		1 8 1
e 6 4		CEASED NAME FIRST E OR PRINT)	MIDDLE	E	LAST		20. DATE OF DEATH	MONTH DAY Y	2b HOUR
og o		Esther	W		ountney		Ju1y		
ge 4 ma croir por	3. SE	x female	4. RACE White		ATE OF BIRTH	1900	AGE (IN YEARS LAST BIR	THDAY) IF UNDER I	DAYS HOURS MIN.
death. Page uneral direct hin 72 hours: at one.		RTHPLACE (STATE OR FOREIGN COUNTRY) Plainfield, P	76. CITIZEN OF WHA	MA	RRIEDE NEVER MAR	RRIED .	Baltimore City o	R COUNTY OF DEA	TH
offer of with a wife of with a wind wind with a wind with a wind wind with a wind wind with a wind wind wind wind wind wind wind wind	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSP (IF NOT IN SUCH FAC	PITAL, NURSING HO	ME OR OTHER INSTITU	JTION I	20. USUAL OCCUPATION OF FOR MOST CHOUSEWII	ON 12b. K	ind of Business or
in by	USU	TOWSON AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	R OTHER INSTITUTION, GIVE F	Joseph Hos	(NOI)				
ed within 24 hours mpletely filled in by and 2 should be file		Maryland	NIY 13c.	Baltimo		0 🗆		etwood A	ve. 2120
ond 2		George	WIDDLE	Itterly	FIRS		Pruell		Young
ore be execut ysicion and co ppers. Pages I val.		NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)	SOCIAL SECURITY N		taour1	tney ADDRE		od Ave.
requires that the death certi- n signed by the attending p. Then please remove carbon r to burial, cremation, or ren- injury, or other traumatic ev-	NOI	gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS	DITATION TO A CONSEQUENCE	OF	THE TERMIN	IAL DISEASE OR CON	DITION GIVEN IN PA	RT 1/01
NG PHYSICIAN: The low requires the orthogonal physicion. After this certificate has been signed be os the buriol-tronsit permit. Then pleas the and Mental Hygiene prior to buriol, arked or frem 18 shows ony injury, or o	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION	N FOR WHICH OPER	ATION WAS PERFORM	NED	YES NO	206. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED USES OF DEATH? NO
TYSICIAN: The ding physicion is certificate h buriol-tronsit f Mental Hygies or them 18 sho.		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	ATH HOUR A.M.		21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PA	R1 2}
DING PHYS or attendin After this c e os the bur olth and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, F)	NJURY ACTORY, OFFICE, FARM, ET	211. LOCATION STREET		CITY OR TO	WH COUN	TY STATE
OR ATTENDO on hospital or DIRECTOR: A oched for use Dept. of Heal		220. I certify that the (this hasp saw the deceased alive a obove, the (we) (diduction 22b. SIGNATURE	July 27	19 82	DEGREE ATTE	ur) opinion de	MEDICAL STAI	ate and haur and from	, that X (we) last in the causes stated DATE SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be detained to the March the Stole IMPORTANT.		224. PHYSICIAN'S NAME (TYPE		/	22e ADDRESS		DIRECTOR PHYSIC		.,
APO H		Pemy Chhim,					d. Towson,	Md. 2120)4
74 BR	230	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	7-30-8		of CEMETERY OR CRE .ainfield		23d. LOCATION CITY OR TOWN	Pen Are	STATE POP
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	Tassaly 7	A 7401	Stais	Rd.		REC'D. BY REGISTRAR		Marth

with the Solventer of the state of the state of the state of the state of . Over 10 Charles 17 (57) Comment Hope 18 5 - 1 - 15

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) HAZEL V . MULLAN 1982 11:30 3. SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR Female Cauc. YEAR 64 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE COUNTY IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR TOWSON GBMC 506701 SIN NTREET A CHARLES ST. LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Homemaker DUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NI COUNTY 12817 Hampden Ave. 21211 Balto. Md. YES X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME George W. Ackerman Catherine (nee Wilson) 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT IYES NO OR UNKNOWN 212-14-9526 Mrs. James Gilpin, 9525 Holiday Manor No 18 CAUSE OF DEATH (Enter only one cause per UREMIC PERICARDITIS/CONGESTIVE HEART FATEURE-WEE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF YEARS CHRONIC RENAL FAILURE Conditions, if ony, which gove rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost YEARS DIABETES MELLITUS AND HYPERTENSION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 71a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 0 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC) CITY OR TOWN NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from 7 – 4 saw the deceased alive on_ , and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obove, (I) (wii) [did] (did not) view the bady after death DEGREE 22c. DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF 27e. ADDRESS WPORT, GBMC-6701 N. CHARLES ST., TOWSON houl with 230 BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY 23b. DATE Burial Moreland Memorial Baltimore, Maryland STATE N REGISTRAN DE REGISTRAN Schimunek Funeral Home, Inc. DHMH - 16 50M 1/B1 (VRA 15, 4) 9705 Belair Road, Balto, Md. 21236



	1-	STATE REGISTRAR			DEPAR		EALTH AND MENTAL H	GIENE 8	REG. NO.	1	/ 1	0 3
		CEASED NAME	FIRST		DDLE		NOO 1	2a. DATE		NIM DA		2b. HOUR
-	3 SE		IARRY	RACE	Merrill	MUR Is date o	DOCK	L ACE	N YEARS LAST BIRTHD	17	1982	9:2
	3 JL	Male		White		June	DAY YEAR		79	YRS.	ONTHS DAYS	HOURS M
	(RTHPLACE (STATE OF F	OREIGN 76	CITIZEN OF W	HAT COUNTRY	2 8	NEVER MARRIED	O RAITIA	ORE CITY OR		OF DEATH	
24		ebraska		USA		WIDOWE	DIX DIVORCED	BA	LTIMOR		UNTY	
		TY OR TOWN OF DEA	тн 11				ARLES ST.	(TYPE OF W	OCCUPATION ORK FOR MOST OF W		126. KIND OF INDUSTRY	BUSINESS
0		L RESIDENCE (IF NURS	NG HOME OF OT		VE RESIDENCE BEFO	RE ADMISSIONI	AKLES SI.	Ph	ysician		Psycl	hiatry
20	M	aryland	Balti:		Cockey		134 INSIDE CITY LIMITS?	1380	TADDRESS 1 York	Roa	d, Apt	.P1
2		THER'S NAME FIRST	MIC	DDLE	LAST	100	15. MOTHER'S MAIDEN N	IAME	WIDDLE		LAST	
het.		Arthur AS DECEASED EVER	H.	D FORCES?	Murde		Anna		ACMORECE		Meri	
1	13	es. NO OR UNKNOWN)	HEYES GIVE W	VAR OR DATES)		100	Brtce Paxto					2109
-			WW2		12-32-		Harry M. N	Aurdoc	koE.	Mair	V 1997	-
		PART I. DEATH W	AS CAUSED I		YOCAR	DIAL	INFARCTION					DIAT
		4100	IMMEDIATE	CAOOL (O)							111111	-UIAI
		Canditians, if ony,		(b)	CORON	ARY A	RTERY DISE	ASE			SEVER	RAL Y
13		gove rise to imn cause (a), statin	g the	}	AS A CONSEQ					15.0		
	//	underlying cause	last.	(c)	200							77
	NO	PART 2 OTHER SIGN	HEICANT CO	NDITIONS CON	TRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEA	ASE OR CONDIT	ION GIVEN	N IN PART 110	
7	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDITIO	ON FOR WHIC	H OPERATION	N WAS PERFORMED	20a AU	TOPSY? 2	b. IF YES,	WERE FINDING	GS USED
X	TIF							YES 🗆	NO	YES		NO [
		OR CONTRIBUTING	L	HOUR A.M.		DAY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER	NATURE OF INJURY IN	ITEM 18 PAR	T I OR PART 2)	
1	MEDICAL	(IF EITHER NOTIFY MEDIC	AL EXAMINER)	P.M.	1. 1. 14	19						
	MED	21d INJURY OCCURE		21e PLACE OF	INJURY I. FACTORY, OFFICE	FARM, ETC)	21f LOCATION STREET		CITY OR TOWN		COUNTY	STATE
		AT WORK AT WOR	ık 🗀		1 16	7-8	10 8	2	7-17		82	
		22a.1 certify that (1) sow the decease	d alive an_	/-17	19.5	0.2	d that in (my) (aur) apinio	, 10	-	ond hour r		nat (I) (we) I
		above, (I) (we) (a 22b. SIGNATURE	id) (did nat) v	view the bady af	rer death.		DEGREE				22c DATES	
		Barley	a a	Con	Rees	M	ATTENDING PHYSICIAN	MEDICA	L STAFF	TX.	7.1.	- 0
		22d. PHYSICIAN'S NA	ME (TYPE OR PI	RINT)			22e ADDRESS	DIRECTO	K FITTSICIAL	/	1./. /	0 6
	8	DR. BAR	RBARA	A. CON	LEY		GBMC -670	1 N.	CHARLE	SST	. TOV	VSON
	230 B	URIAL, CREMATION,		236 DATE	230	NAME OF CI	METERY OR CREMATORY	23d LO	CATION		101	,001
		Burial		7/19/8	1	ulane	Valley Cer	n. Co	ckeysvi	lle, M	larvla	ad 21
		NERAL DIRECTOR		Tir	moniun	a. Mar	vland 25a. D	ATE RECO	PIGRITAR	FGISTR	अन्यार्	ALT !
1	Lе	mmon-Mi	tchell	- Wiedef	eld, 10	W. P	adonia Rd.	OF DO	1302		Vi	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 1718

REGISTRAR				CEKIT	ICALE	FUEATH			REG. NO.			
1. DECEASED NAME	FIRST	MID	DLE		LAST		2a. DATE		EATH MONTH	OAY	YEAR	26 HOUR
(TYPE OR PRINT)	John	Da	vid	Mur	phy,	Sr.	Ju1	Ly	9,	198	32	
1 SEX	4 RAC	CE		5 DATE C			6 AGE	(IN YEAR	S LAST BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS
Male	W	hite		7	28		5 75		YRS	MONT	HS DAYS	HOURS MIN,
BIRTHPLACE (STATE OR	FOREIGN 76. CIT	TIZEN OF WH	HAT COUNTRY?	8 AAADDIE	NEVI	R MARRIED [9 BALTI	MORE	CITY OR COUN		DEATH	
Marvland		U.S.A	Α.	WIDOW	_	DIVORCED [lti	more Cou	intv		MD
10 CITY OR TOWN OF DE		AME OF HO	SPITAL, NURSING		OR OTHER I	NSTITUTION	12a USU	AL OC	CUPATION OR MOST OF WORKING	11	LE KIND O	F BUSINESS OR
Dundalk		346 Oal	cleigh Be	each	Road				Worker	, .,		Steel
USUAL RESIDENCE (IF NUR 130. STATE	136 COUNTY		E RESIDENCE BEFORE A	OMISSION)	13d INSID	E CITY LIMITS?	13e. STRE	ET AD	DRESS		1 19	
Maryland	Baltimo	re	Dundall	ζ	YES 🗌	NO 🔀		Oa	kleigh E	3eac	h Roa	ad
14 FATHER'S NAME	MIDDLE		LAST		15. MOTH	ER'S MAIDEN I	VAME		AIOOLE		LAS	1
Michael	J.		Murphy		K	Catheri	ne					angler
160 WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED F		b SOCIAL SECUR	ITY NO.	17 INFOR	MANT			848 Oak	leig	h Bea	ach Road
No			217-03-21	124	Pear	l Murp	hy		Baltimo	re,	MD 2	21222
II CAUSE OF DEAT	H (Enter anly ane	cause per lin	e far (a), (b), and	(c).							BETWEEN	MATE INTERVAL
PARTI. DEATH V	VAS CAUSEĎ BY. IMMEDIATE CAU	JSE (a) Co	andiop	14/1	nona	114	arro	es:	+		6	min.
gave rise to im cause (a), stati underlying cause	ng the D	[c]	S A CONSEQUEN		NOT RELA	TED TO THE TE	RMINAL DISE	EASE C	R CONDITION (3IVEN I	N PART No	
190 DATE OF OPERA	TION	96 CONDITIO	ON FOR WHICH O	PERATIO	N WAS PER	RFORMED	20a A	UTOPS			RE FINDING CAUSES	OF DEATH?
	CAUSE OF DEATH	Ib. TIME OF II HOUR A.M. P.M.	MONTH DAY	YEAR	21c. HOW	INJURY OCC	URRED (ENTE	RNATUR	E OF INJURY IN ITEM I	18 PART I	OR PART 2)	
OR CONTRIBUTING (IF EITHER NOTIFY MED 21d INJURY OCCUR WHILE NOTIFY MED AT WORK AT WO	HILE []	LE PLACE OF	INJURY FACTORY OFFICE, FAR	M, ETC }	21f. LOCA	ATION REET		C	ITY OR TOWN	(COUNTY	STATE
22a I certify that (I) saw the deceas above, (I) (we) (119 6	198	70L	7 6 Ind that in (r	ny) (our) apini	, to_	urred o	n the date and h	, 19		that (I) (we) last causes stated
22b, SIGNATURE	· gun	will	m.o.		DEGREE	ATTENDING PHYSICIAN	MEDIC	AL OR [STAFF PHYSICIAN [22c. DAJE	SIGNED 2
22d. PHYSICIAN'S N	AME (TYPE OR PRINT)				22e ADDI	RESS						
John Gri	swold, M	.D.			602	Woodbi	ne Ter	rac	e			
230 BURIAL, CREMATION	REMOVAL 23b.	DATE	23c. NA	ME OF C	EMETERY	R CREMATOR	Y 23d LC	OCATIO	ON	Ħ.		

DHMH 16 50M 1/81 (VRA 15, 4) Cremation 7/12/82 Green Mou 24 FUNERAL DIRECTOR 7922 Wise Ave., Duda-Ruck Funeral Home of Dundalk, Inc.

Green Mount Crematory Baltimore

25a DATE RECED BY REGISTRAR 255 REGISTRAR

35 ALK, Inc.

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Maryland

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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Eline Funeral Home, Reisterstown, Md.

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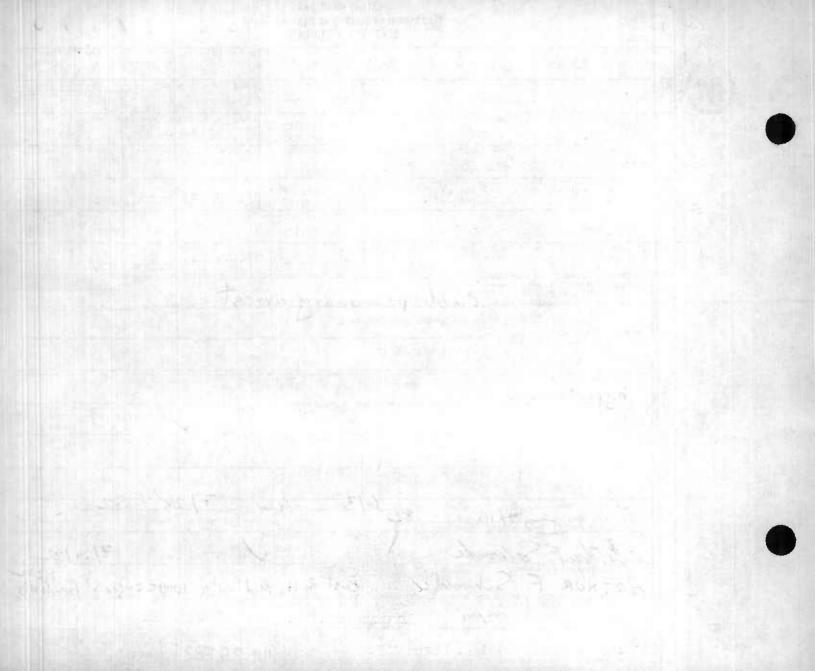
		FOR STATE REGISTRAR			10 S	EPARTMENT OF	E OF MARYLAND BEALTH AND MENTAL HYO BICATE OF DEATH	REG. N		1 8	9
		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH		YEAR 2b H	HOUR
١	3.58		largar	et 4 RACE	E. Ne	ukam 5 DATE (25 010711	July 13.	1982 RTHDAY) IF UNDER		30p M
,		Female		Whit	е		ly 8°1929 YEAR	53	YRS.	DAYS HOU	
5	A B	altimore,	Md.	76 CITIZEN US	OF WHAT CO	UNTRY? 8 MARRIE WIDOWI	DICKNEVER MARRIED	Baltimore city of		ATH	MD
7	Ro	ssville 2	1237	Fran	klin S	q. Hospit	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Housewif	ION 12b.	KIND OF BUS USTRY OTTE	SINESS OR
5	13a. S	AL RESIDENCE IF NUR.	136 COUN	other institu NTY timore	13C CITY	NCE BEFORE ADMISSION) OR TOWN EX 21221	13d INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDRESS 113 Ben	nett Road		
0	14. FA	THER'S NAME Will:	iam A.	McCu	bbin	LAST	15 MOTHER'S MAIDEN NA Isabelle	Dowell		LAST	
		VAS DECEASED EVER		MED FORCE	SI	AL SECURITY NO.	17 INFORMANT	ADDR	ESS		100 5
		NO OR UNKNOWN)		-	214 2	26 2533	Thomas Neuka	m, Husband	Sam	APPROXIMATE ETWEEN ONSET	
	CERTIFICATION		mediate ng the last.	DUETO	Colla o, or as a co Adeno s contribution			MINAL DISEASE OR CON	IDITION GIVEN IN P	bi si	ISED
2	RTIFIC							YES NO			
1	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH HOUR			OUR A.M. MONTH DAY YEAR P.M. 19			RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR F	I OR PART 2)	
	MED	WHILE NOT WHILE AT WORK						CITY OR TO	OWN COL	INTY	STATE
		22e.1 certify that 1/2 (this hospital) attended the deceased from July 11 19 82 to July 13 19 82, that 1/2 (we) last sow the deceased alive on July 13 19 82, and that in (1/2) (aur) opinion death occurred on the date and hour and from the causes stated above. ((we) (did) (did									
		276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								July /3	16D 1912
		22d PHYSICIAN'S N	,	ir print) IWa, M	.D.		22e ADDRESS	klin Square		1237	
1	23a 8	urial, cremation,	REMOVAL	236. DATE 2/1	6/82		emetery or crematory wn Cemetery	23d LOCATION	Co., Man	Υ	STATE
	N F	zdžinski	Funer	al Ho	me PA I	1407 Old I	Eastern Ave J	UL 14 1982	25K GISTRA	IGNA	7/hm

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William C. March 1101 E. North AVE.

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE ©



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

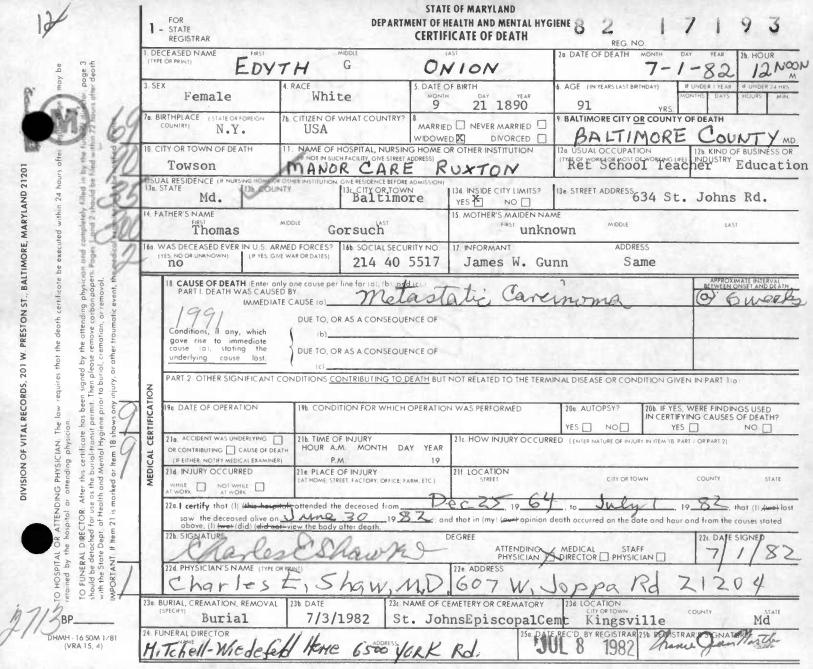
/	1-	FOR STATE REGISTRAR	STRAR CERTIFICATE OF DEATH						9	2
		CEASED NAME FIRST CORPRINT) Ebba	Bernadina	01	son	20. DATE OF DEATH MONT	73	YEAR 82	26 HOL	JR
	3. SEX		4. RACE	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY		ERIYEAR	IF UNDER	M 24 HRS
		Female	White	TIACOAS		90	MONTHS YRS		HOURS	MIN.
7		RTHPLACE ISTATE OR FOREIGN COUNTRY Weden	76 CITIZEN OF WHAT COL	MARRIE WIDOW	D NEVER MARRIED 😿	9 BALTIMORE CITY OR CO	OUNTY OF DE			MD.
C	10 CI	Towson	Dulaney Tow			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Maid	KING LIFE) 12b.	KIND O DUSTRY	F BUSIN	ESS OR
5	13a S	AL RESIDENCE (IF NURSING HOME STATE LATE COU Maryland	NTY 13t. CITY C		13d. INSIDE CITY LIMITS? YES MO []	13e STREET ADDRESS A	ve			
26	14. FA	ATHER'S NAME FIRST August	Ohlss	on	15 MOTHER'S MAIDEN NA Britta	AME MIDDLE	St	ină^s	ī	
2		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	-30-8451	Mr Uno R O	ADDRESS 1son S	ame			
		18 CAUSE OF DEATH Enter a PART I. DEATH WAS CAUSI IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CON	NSEQUENCE OF	Ansest Anteny Cufrosis	Disense-		10	MATE INTE	L.
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION			MINAL DISEASE OR CONDITIO	N GIVEN IN	PART 10	1.	
7	CERTIFICATION	190 DATE OF OPERATION	. 196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		IF YES, WERI CERTIFYING (TH?
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	TH DAY YEAR		RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR	PART 2)		
	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (ATHOME STREET FACTORY.	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	co	YIMU		STATE
		22b. SIGNOURE	and view the body after death	5,2	nd that (m) (our) apinion EGREE ATTENDING PHYSICIAN	to death occurred on the date of	7	rom the	causes st	we) last oted
1		Donald O.	Wood M.D.		2 Greenm	eadow Drive, T	imoni	ım, l	/d. :	21093
		BURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Raltimore.	Maru I.	nr and	5	STATE

DHMH-16 50M 1/81 (VRA 15, 4)

Cremation 7/15/8
24 FUNERAL DIRECTOR
Leonard J. Ruck, Inc. 5305 Harford Rd. 21214

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR SIGNATURATION FOR THE PROPERTY OF T

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				#12/11 J	olane!	
	Saltinore Court					
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DHMH - 16 50M 1. (VRA 15, 4)

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6	,		FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARTLAND BEALTH AND MENTAL HY ICATE OF DEATH	GIENE 2	NO.	7 1	9 4		
le 3			1 DECEASED NAME (TYPE OR PRINT)	First	ORNDO	MIDDLE	1	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR 9:30a M		
ofter de			Female		1 RACE		S DATE O	0F BIRTH YEAR		1 July 18, 1982 6. AGE (IN YEARS LAST BIRTHDAY) IF UND				
M) all of	35	Anne Ar	indel (76. CITIZEN OF WHAT COUNTRY? MARRIEL WIDOWE				Baltimor	e Coun	tv	MD		
By the	Soffee	37	Rossvil	le	Fro	inklin Sq	MODRESS)	Hospital	120 USUAL OCCUP. (TYPEN WORK OR MO)	TOF WORKING LIF	12b. KIND INDUSTR	QE BUSINESS OR Retired		
r filled in hould be	drank	35	USUAL RESIDENCE (IF N. 130. STATE	136 COUN	other institution. TY	Bato.	e admission) VN	13d Inside City Limits? Yes 🐕 NO 🗌	13e. STREED ADORES	ipple t	Ave21			
omplete ond 2	- Action	20	14. FATHER'S NAME FIRST	A	(rote	chley		15. MOTHER'S MAIDEN N	MIDDLE		t/	AST		
on ond co	medicol	2	(YES, NO GRUNKNOWN)		MED FORCES? 16b SOCIAL SECURITY NO. 216-10-6680									
ding physicion	or removal. ofic event, th		18 CAUSE OF DE. PART I. DEATH		CAUSE (0)	line for to), (b), or Cardiopul nalnutrit	monar	y arrest - S nd anemia	hort gut sy	ndrome	with	NIMATE INTERVAL N ONSET AND DEATH		
by the otten	I, cremotion, other troume		Conditions, if a gove rise to i cause (a), sta underlying cau	mmediote ting the	(b)	Surgery 1	for me	senteric thr		<u>ears a</u>	go			
been signed rmit. Then ple	prior to burio any injury, or)		obstruc	ONDITIONS CONTRIBUTING TO DEATH BUT N Ctive pulmonary diseas 19b. CONDITION FOR WHICH OPERATION			se, Arterios	MINAL DISEASE OR CO	rdiova	scular , WERE FIND	disease		
icote hos fronsit pe	Hygiene 18 shows	G	OR CONTRACTOR		21b. TIME O	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	YES NOT	YE	S 🗍	NO [
the buriok	ed or Item	1	O CIFEITHER NOTIFY M	DICAL EXAMINER) URRED WHILE	P 21e. PLACE	M	19	211. LOCATION STREET	CITY OR	nwoi	COUNTY	STATE		
TOR: After for use as	of Heolth 21 is mork		220.1 certify that	this hospite	al) attended the	e deceased fram	July 32	12 , 19 82 ad that in (5947) (our) apinio	, 10	date and hou		, that (W (we) lost e causes stated		
RAL DIREC	VT: If Hem		22b. SIGNATURE	! bad	hese	Н.Д.		DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN D	22c. DAT	E SIGNED		
TO FUNE	with the Stot	1	22d. PHYSICIAN'S	· WA:	DHWA			9000 Fran	klin Square	Drive	2123	7		
	_		230 BURIAL, CREMATION (SPECIFY) Buria		23b. DATE 7-2	1-82 23c.1		ns of Faith		alto.	MCDUNTY	STATE		
16 50A RA 15,			24 FUNERAL DIRECTOR	Mille	Inc-6	415 Belai	ir Rd.	-21206 25a D.	JUL 21 1982	RESIST	RAR'S SIGNA	Wathen		

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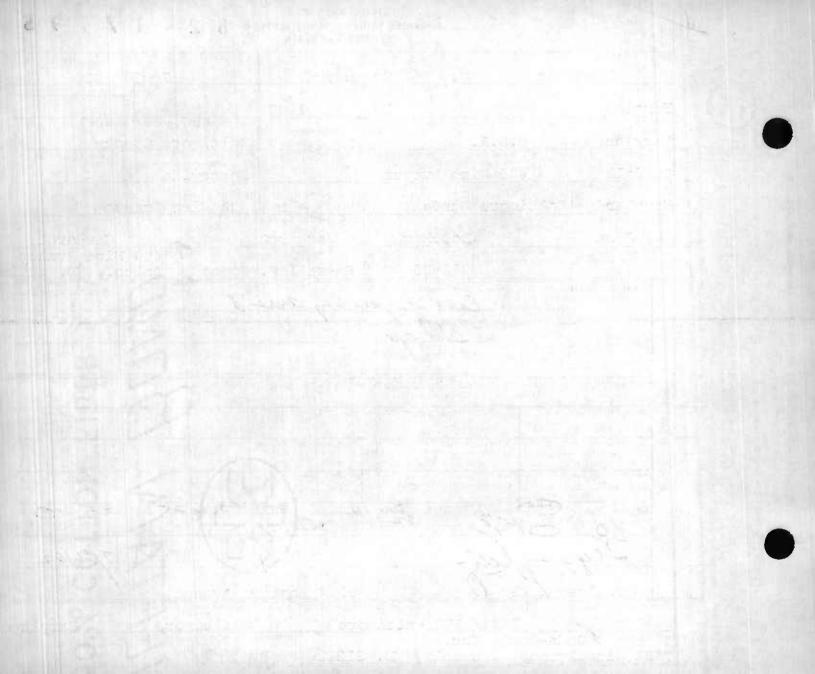
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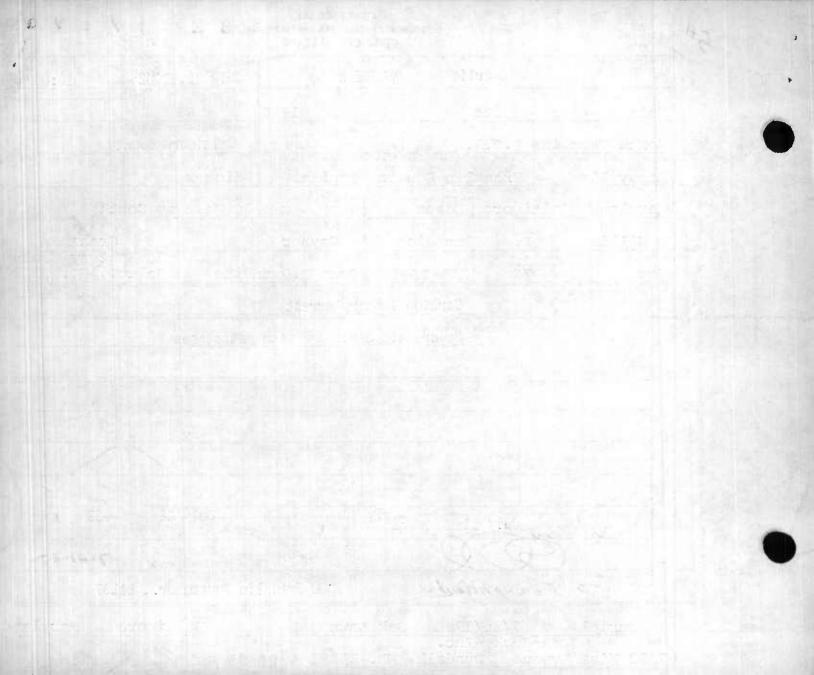
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(VRA 15, 4)

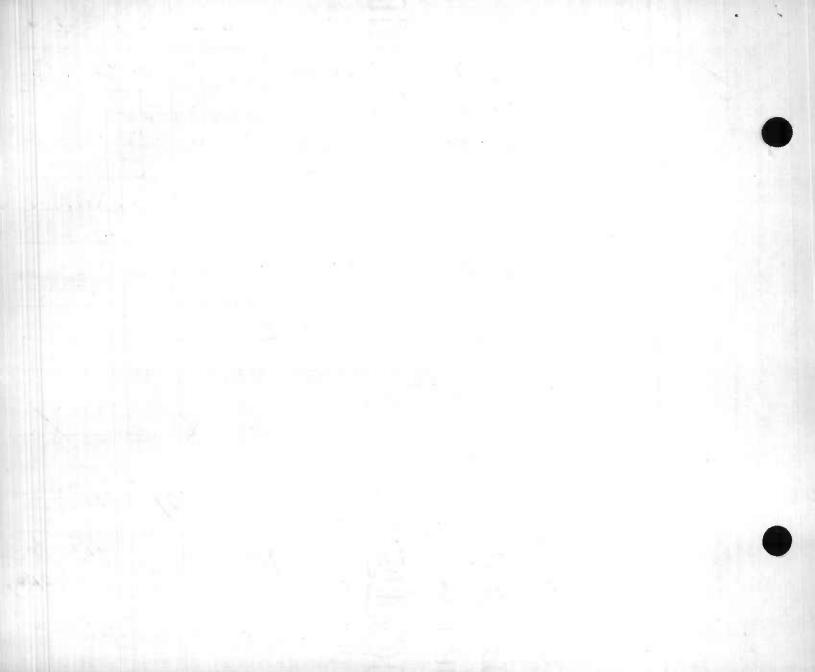
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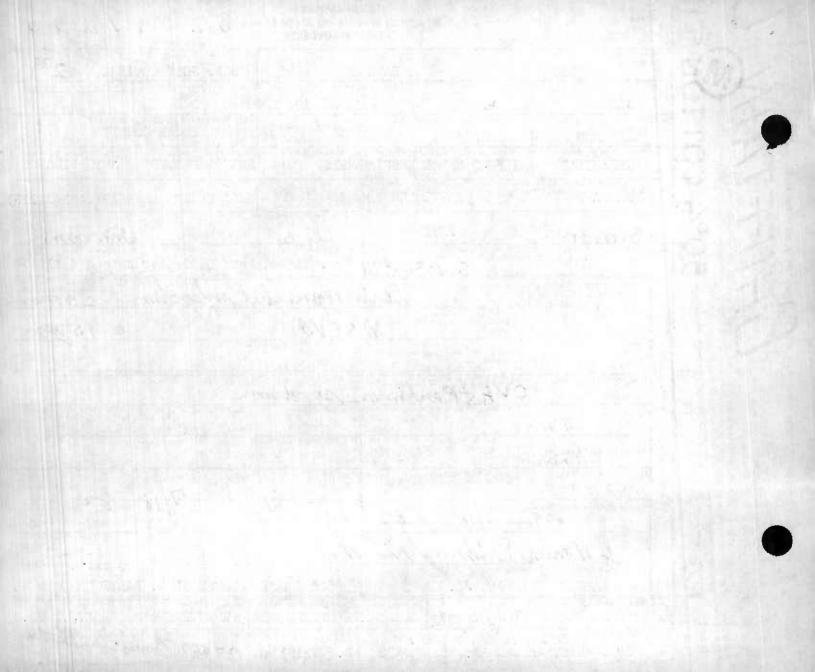
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

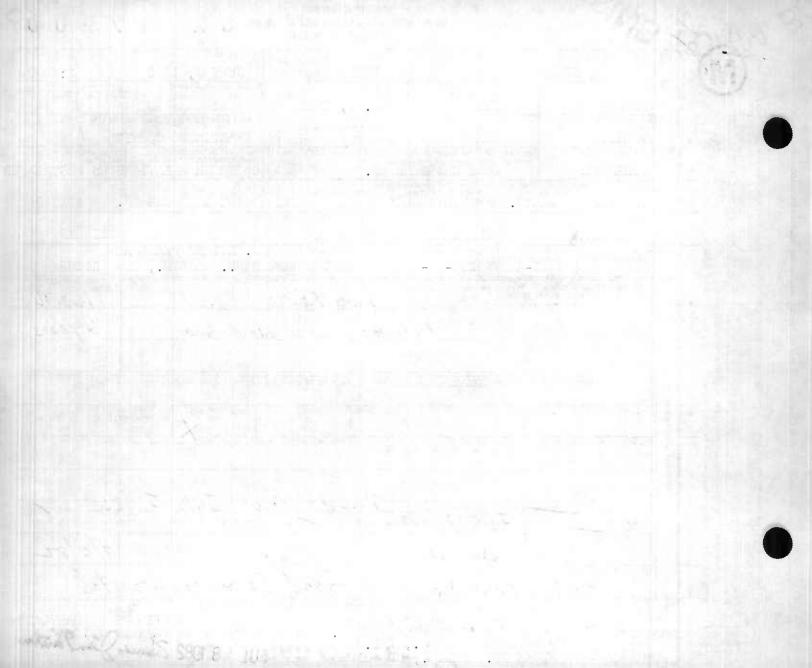


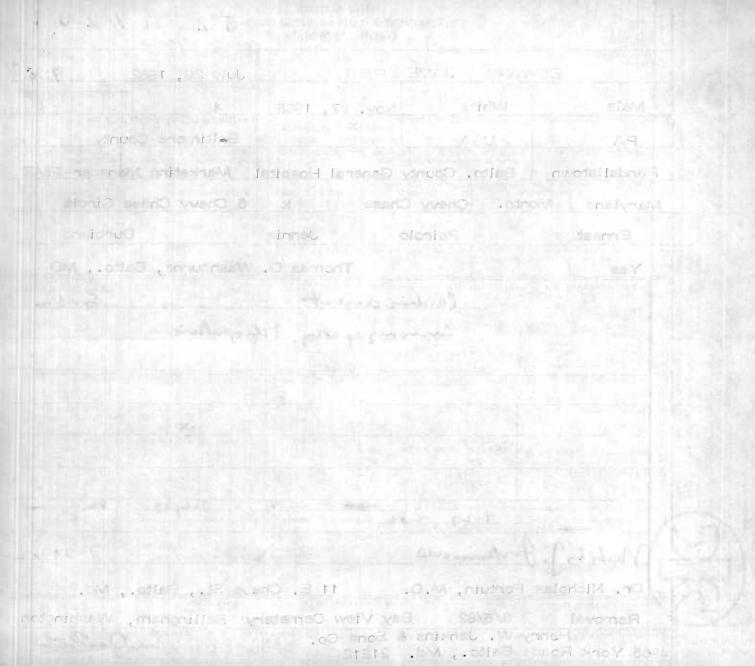


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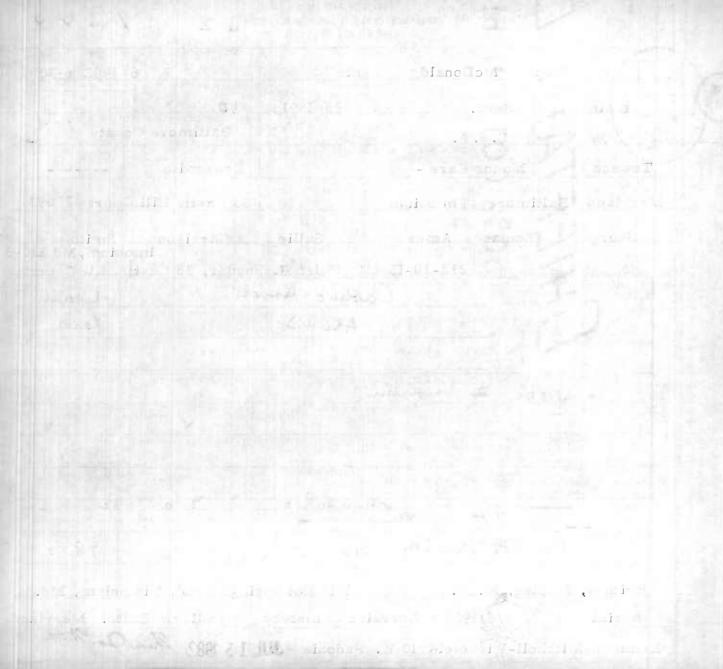






STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 7a DATE KNOWN TYPE OR PRINTI OF ALLEN H. PELLENS DEATH MATED WITHIN 72 HOUP 4. RACE 3. SEX 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNG 2, AND 3 TO THE FUNERAL DIR 3. RETAIN PAGE 5 FOR YOUR SHOULD BE FILED, WITHIN 72 IL RECORDS, 201 W. PRESTON S M 63 YRS 13-1918 DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. MARYLAND WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 120, USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY FOR MOST OF WORKING LIFE) TOWSON GREATER BALTIMORE MEDICAL ABORER STATE USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE 136 COUNTY 13r. CITY OR TOWN 13e. STREET ADDRESS 03d. INSIDE CITY LIMITS? BALTO DRIVE. MDO TIMONIUM 101 NORTH WOOD 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME T. PAGES 1 AND 2 GES 1, 2 M PM 3 MIDDLE EAST EIRST HOMAS LLENS 1B. GIVE PAGES 3 WITH FORM F LORENCE **INFORMANT** 160 WAS DECEASED EVER IN U.S. ADDRES (YES, NO, OR UNKNOWN) YES 214-03-194 W.W.I CAUSE OF DEATH (Enter only one cause per ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO: OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 . a CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 71e PLACE OF INJURY (AT HOME 71d INJURY OCCURRED 21f LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN NOT WHILE COUNTY STATE AT WORK AT WORK 22a | certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Natural causes Undetermined manner Hamicide EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE VALLEY PURIAL BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5) 15M 2/80

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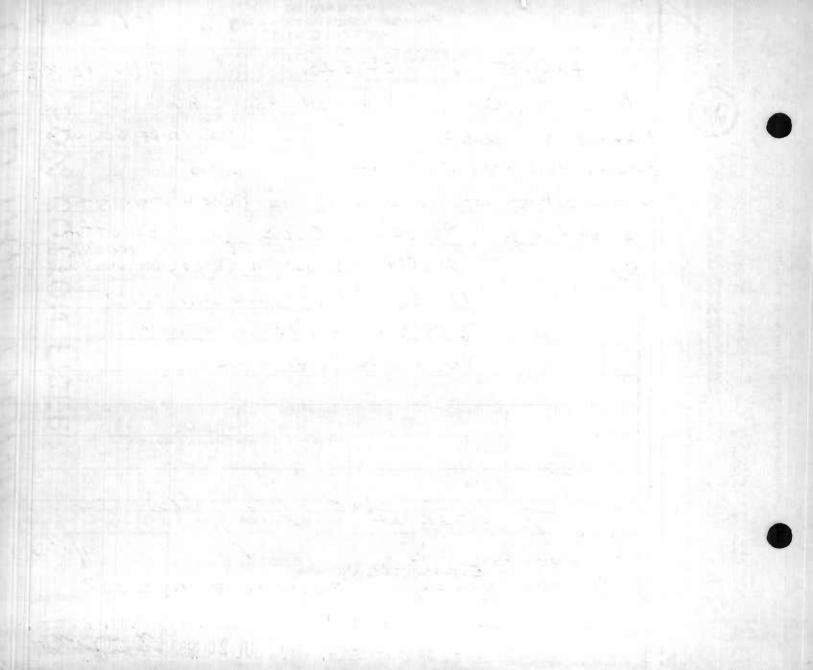


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	1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	NO.	12	0 4
r deoth		CEASED NAME E OR PRINT)	ERICL	ES (GEORGE	PERI	AST KLES	JULY 31		AY YEAR	26 HOUR 4:07 P
offer d	3. SE	X VALE	4	RACE WHIT	E	NOVE	ре витн MBER°17, 1940	6. AGE (IN YEARS LAST	BIRTHOAY) 1	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
M)	12	IRTHPLACE (SLATE OR FO	DREIGN 71	U.S.A.	WHAT COUNTRY?	8 MARRIE WIDOWE	DENEVER MARRIED	9 BALTIMORE CITY BALTIMORE	OR COUNTY	OF DEATH	MD.
23		ORT HOWARD		1. NAME OF	HOSPITAL, NURSIN	IG HOME C	DR OTHER INSTITUTION D, MARYLAND	120 TBMAL SENT	ORN LOF WORKING LIFE	INDUSTRY	OF BUSINESS OR
ed is S	130	AL RESIDENCE (IF NURSIN STATE ARYLAND	SHOW OF D	THER INSTITUTION	136 CITY OR TOW	E ADMISSION)	13d INSIDE CITY LIMITS?	13e_STREET ADDRES			
200	14.F/	GEORGE	MI	JOOLE	PERTKLES		15. MOTHER'S MAIDEN NA. ATHTNA	WE		DESPOT	IDES
2		WAS DECEASED EVER II YES NO OR UNKNOWN) YES		ED FORCES? WAR OR DATES)	215 36		17 INFORMANT CLINICAL REC		FORT H	OWARD,	MARYLAN
emovol.		18 CAUSE OF DEATH PART I. DEATH WA	Enter only AS CAUSED IMMEDIATE	BY.	CARDIOPUL	MONARY	ARKEST			BETWEEN	IMATE INTERVAL ONSET AND DEATH
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to burio njury, or	NO	PART 2 OTHER SIGN	IFICANT CO	DUDITIONS CONTRIBUTING TO DEA		DEATH BUT NOT RELATED TO THE TERM		MINAL DISEASE OR CONDITION GIVEN		N IN PART 110	
No Swo	CERTIFICATION	190. DATE OF OPERATI	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDI	
frem 18 show		216 ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEATH	1	OF INJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR				
morked or f	MEDICAL	21d. INJURY OCCURRE	IE 🗍		OF INJURY FREET, FACTORY OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
21 is mo		220.1 certify that (1) (sow the deceased above, (1) (we) (di	d olive on	1-2	31 10	87 or	d that in (my) (our) opinion	to 7-3 death accurred on the	dote and hour	ond from the	that (I) (we) lost couses stated
ZT. = Fea		Marcia	6	God	MD.		DEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF SICIAN X	7/31	
IMPORTANT		MARCIA GO					VAMC, FORT	HOWARD, MA	RYLAND	21052	
3	23a 1	BURIAL, CREMATION, R	REMOVAL	AUG 3	3, 1982 LA		EMETERY OR CREMATORY THEM. GARDEN	23d. LOCATION CITY OF TOWN DAVIDS	A. (VIII I	E Day	ARMORE M
1/B1)	Ko	NERAL DIRECTOR	ARRAI	VCO	501	RITCH	E HWY. AU	REC'D. BY PEGISTRA	AR 25 MIGISTA	Ol mark	aca Care

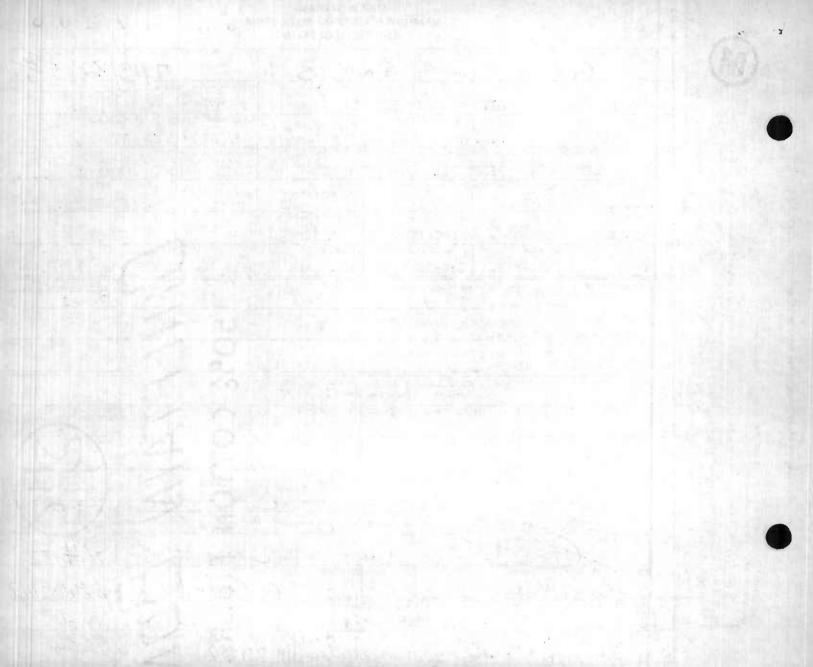
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STATE OF MARYLAND



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MALE SETTING STATE SAMPLE SAMP		~	,113	3. SE	· ·	$\overline{}$		UVIER	5. DATE C	OF BIRTH	42	A: AGE (INTEARS	LAST BUTHS	DAN	PANCH I THE	# LINDER 2	PM
MARYLAND PIKESVILLE POWER PROPERTY POWER PR		rector, urs offt					WHITE		JUNE	18, DA	1900	82		YRS.	ONINE BAYS	HOURS !	ARINA.
WILLIAMS DIAGRESSIONES TO PRINCE GEORGE ROLL SEASON TO S		h. Po	20	70 BI	RTHPLACE (STATE OF FO	DREIGN 76			? 8 MARRIE	D NEVI	ER MARRIED	9 BALTIMORE	CITY OR	COUNTY	OF DEATH		
PIKESVILLE PURSUING HOME GRAIN ANALYST OSUAL RESORCE; if MAES AND CONTROLL OF THE RESTRICT ON THE RESOLUTION OF THE RESOLUTION OF THE RESTRICT ON THE RESOLUTION OF THE RESOL			8/	10.0					WIDOWE	X-X ₀	DIVORCED [-		
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DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR		TTENDIII pital or TOR: A for use of Healt	SE 51.7		,	/	7/ /		07	d that in/h	ny) (our) opinion	deoth occurred o	n the dot	e and hour	and from the	monde /	-,
PHYSICIAN DIRECTOR PHYSICIAN PHYSICI		hos hos oiREC ched sept.	9 9		226. SIGNATURE	or loar norry	lew the body	offer deofn.		DEGREE					22c. DATE	SIGNED	
DHMH-16 60M 7/73 DHMH-16 60M		y the	-		_		10	~	w	5	PHYSICIAN C	MEDIC AL			7/1	8/8	2
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BP JULY 15, 1982Wadlaw 236. Location of the party of the		- 0 0 5 - 1	2		-STuar	TICO.	2.2			102	195-20	Itieldk	20	Ow.	ngn	11/157	1111
DHMH-16 60M 7/73 24 FUNERAL DIRECTO BALTO., MD 212 TONC ADDRESS (VR A 15(4)) 250. DATE REC'D. BY REGISTRAR 25b. REDISTRAR'S SISCULTURE NAME (VR A 15(4))	5	(1)		23a. B	PRIAL, CREMATION,	REMOVAL						23d. LOCATIC	ON J	7	coulty	STATE	E
(VRA 15(4))				24_FU	NERAL DIRECTORDA	ITO M	JULY D- 212t	END	o o o o	rain		E REC'D, BY REG	ISTRAR 25	Sh. REPISTE	AR'S SASNA	TURE	
	0	,		Si	el Lun	202 ·	Buse	- LOOK	2 (Vers	leit	epoils ?	2.0 1982	21	11	can That	Then	



William E. Johnson 8521 Loch Raven Blvd.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

DHMH - 16 50M 4/82

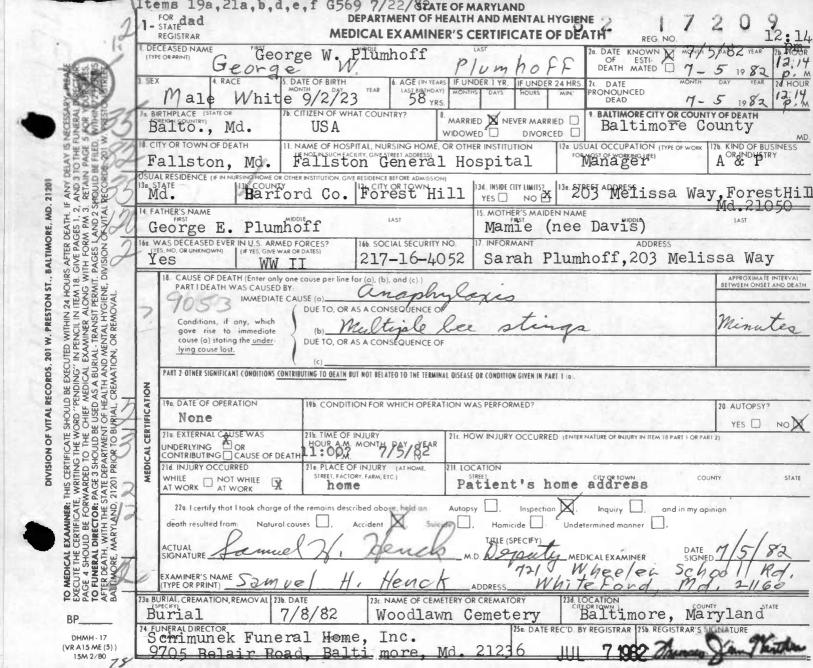
(VRA 15, 4)

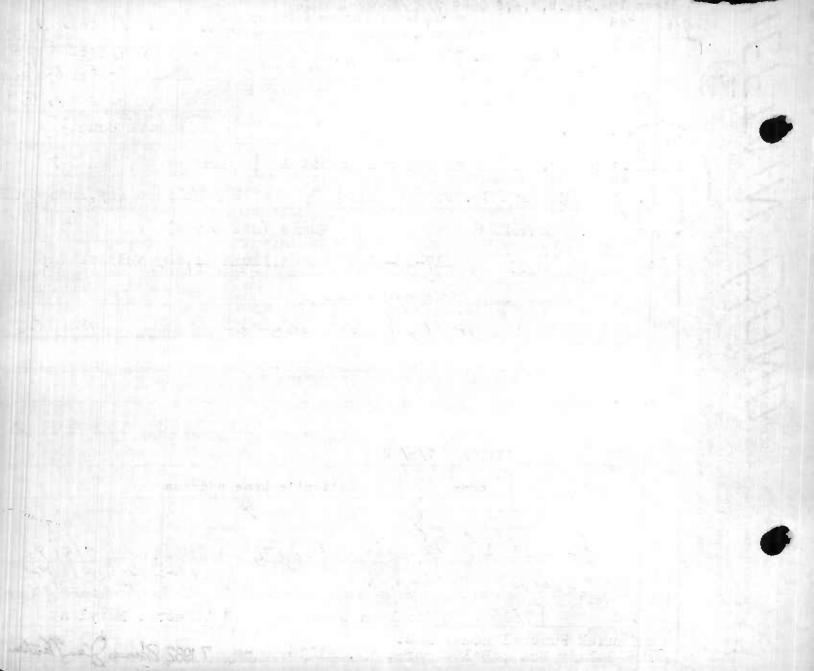
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MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

(VRA 15, 4)

STATE OF MARYLAND





King Mem. Pk.

1101 E. North Ave.

7/17/82

- STATE

REGISTRAR

Burial

Wm. March f/H

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1

(VRA 15, 4)

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

Baltimore

MONTH

2b. HOUR

20 DATE OF DEATH

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

17211

250. DATE REC'D. BY REGISTRAR 135. REGISTRAR'S SIG

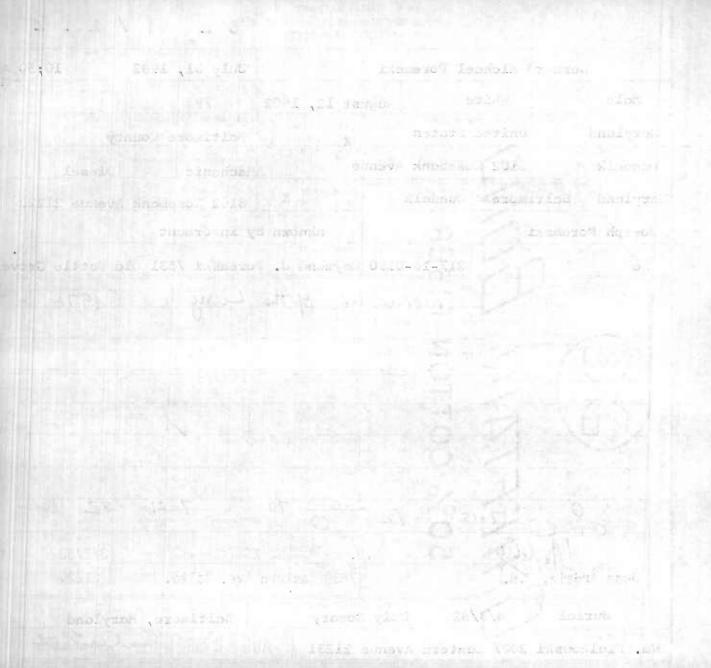
FOR STATE REGISTRAR		DEPARTM		IEALTH AND MENTAL HYG	REG. NO.	7 2		
I. DECEASED NAME FIL (TYPE OR PRINT)	_	HAROLD P	OPE	AST	July 27, 1982	DAY YEAR	2b HOUR 11:24	
3. SEX MALE	4. RACE WH]		5. DATE (H DAY YEAR	6. AGE [IN YEARS (AST BIRTHDAY)]	IF UNDER I YEAR	IF UNDER 24 HRS	
70. BIRTHPLACE (STATE OR FORE) COUNTRY) PENNSYLVANIA		WHAT COUNTRY?	MARRIE WIDOWE	DXX NEVER MARRIED	Baltimore County			
ROSSVILLE	(IF NOT IN SUC	HOSPITAL, NURSING THE FACILITY, GIVE STREET AT	ODRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF			
USUAL RESIDENCE (IF NURSING H 136 STATE			DMISSION	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 8204 BEACH DR.	BREWE		
JAMES	MIDDLE N.	POPE		15 MOTHER'S MAIDEN NA		MILES		
	S. ARMED FORCES? YES, GIVE WAR OR DATES) VII-KOREA	166. SOCIAL SECUR 716-07-53		VIRGINIA R.	POPE- Same as 13	BE		
Conditions, if ony, wh gove rise to immedicause (a), stating underlying cause la								
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	rrhosis			N WAS PERFORMED	200 AUTOPSY? 20b. IF YES	, WERE FINDIN	NGS USED	
210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF EITHER NOTIFY MEDICALES 21d INJURY OCCURRED	OF DEATH HOUR A. (AMINER) P.	M. MONTH DAY M. OF INJURY	19	211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)	STATE	
220 I certify that M (this		e deceosed from 19 8 ofter death.	Jul; 2	y 16 19 82	, toJuly 27	19_82_	that A (we) los couses stated	
22d. PHYSICIAN'S NAME David P.	(TYPE OR PRINT) Zajano, MD	Jan 1	ND	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	7-2 21237	7-12	
230. BURIAL, CREMATION, REM	7/28/8	The second second		EMETERY OR CREMATORY OTHER	23d. LOCATION CITY OR TOWN RAT.TTMORE	COUNTY	STATE	

DHMH - 16 50M 1/81 (VRA 15, 4)

APORTANT: If them 21 is morked or them 18 sho

24 FUNERAL DIRECTOR

WALTER BROOKS BRADLEY, INC. DUNDALK, MD.



page :

STATE OF MARYLAND

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

APT.

ENE 8 2		1	2		3	
REG. N	١٥.					
2a DATE OF DEATH	MONTH	OAY	YEAR	26 HOUR		
	07	29	82	100	AM	
6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDE	RIYFAR	IF UNDER	24 HRS	
77	YRS.	MONTHS	DAYS	HOURS	MIN.	
BALTIMORE CITY	OR COUNT	Y OF DE	ATH			

POSEN BENJAMIN 3 SEX 4. RACE 5. DATE OF BIRTH MONTH MALE

CAMEACION

DAY YEAR 05

MARRIED X NEVER MARRIED

WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

BALTIMORE COUNTY GEN. HOSP.

BALTIMORE COUNTY 12ª USUAL OCCUPATION PUBLIC RELATIONS

STREET ADDRESS 8021 MOLLYE RD.

126 KIND OF BUSINESS OR HOCHSCHILD/

RANDALLSTOWN

10. BIRTHPLACE ISTATE OF FOREIGN

NEW YORK

MARYLAND

SIMON

14 FATHER'S NAME

10 CITY OR TOWN OF DEATH

STATE

REGISTRAR I. DECEASED NAME

> BALTIMORE BALTIMORE

76 CITIZEN OF WHAT COUNTRY?

USA

POSEN

15 MOTHER'S MAIDEN NAME GRACE

WIDDLE

NON

CITY OR TOWN

RESHT

#21208

KOHN

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO

215-10-7077

MRS. ROSE POSENSS 17 INFORMANT APT. C 8021 MOLLYE RD.

#21208

	one couse per line for 10, (b), and 10. BY: CAUSE (a) ACNTE MYOCARDIAL JNFARCTION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
11100 IMMEDIATI	CAUSE (o) 70772 777	
4100	DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which	(16) ARTERIOSCLEROTE HEART BISEASE	
gove rise to immediate couse (a), stating the underlying cause last.	PULLIOLONIAS ACONSECTION PLEURAL EFFUSION.	
PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN I	L DADT 1.

PARKINSUNISM

HYPERT	ENGON,
19a. DATE OF OPERATION	196 CONDITION FOR W

MIDOLE

HICH OPERATION WAS PERFORMED

20a AUTOPSY?

21c. HOW INJURY OCCURRED

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T

COUNTY

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM ETC.)

21f LOCATION

22a I certify that (I) (this haspital) attended the deceased from sow the deceased alive on. above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE

ATTENDING

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

(ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OF PRINT) R. SUDHIR

· COUNTY 23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

GENI

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL BP.

CERTIFICATION

21d. INJURY OCCURRED

WHILE NOT WHILE

AUG. 1,1982

23b. DATE

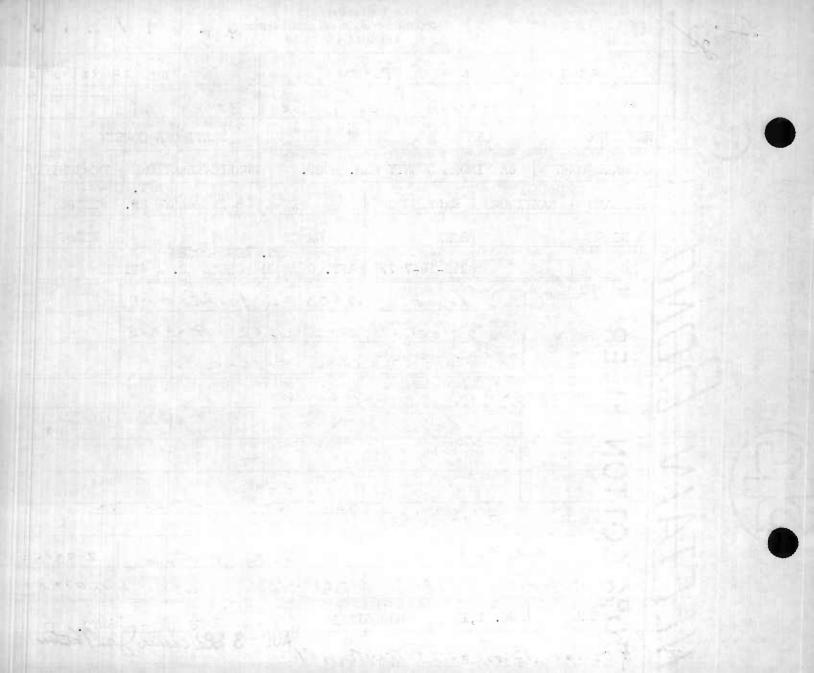
HAR SINAT

DEGREE

PHYSICIAN DIRECTOR PHYSICIAN D

6010 KETTERSTOWN RA

DHMH - 16 50M 1/B1 (VRA 15, 4)



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ltı e Sity. C.	ut ela	i leus . cer,	July 1	Isi.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 20 DATE OF DEATH MONTH LIVPE OF PRINTS Martha Rachinskas V [III] 1 SEX IF UNDER I YEAR FeMale Caucasian Jan. 1 1904 70 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Czech. Baltimore County WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Valley View Nursing HOme Homemaker USUAL RESIDENCE HE NURSING HOM OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 3a STATE Baltimore 904 N. Linwood Ave. Md. YES A 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST unknown unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Bothwell (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 213-07-8888 Elaine Miles (dghtr) no APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOLD 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTHEY MEDICAL EXAMINER P.M. 19 ā 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY OFFICE FARM, ETC | CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (the haspital) attended the deceased from saw the deceased alive an. , and that in (my) (an apinian death accurred an the date and haur and from the causes stated abave, (I) (westeld) (did nat) view the bady after death. 224 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [MPORTANT: d b 8604 Harford Rd. Dr. Marion Kowalewski shoul with 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial Bohemian National Md. Bal'to. 24 FUNERSCHIMMUNEK Funeral Home, Inc. DHMH - 16 50M 1/B1 (VRA 15, 4) 3331 Brehms Lane, Balto. Md. 21213

STATE OF MARYLAND

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E/ Johnson 8521 Loch Raven Blvd

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

24 FUNERAL DIRECTOR

William

DHMH - 16 50M 4/82

(VRA 15, 4)

with the restaurance of the contract of the co

William E. Johnson 8521 Loch Raven Blvd

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1. DI	CEASED NAME	EIRST		WIDDLE	0	LAST		20	DATE KNOW	NN MONTH	DAY YEA	20.110011
Managa	- 1"	PE OKPRINI)	Patric	k Ge	nard	15	ager			OF EST DEATH MATE	ED 🗆	25,98	- 1/1
(1991)	3. SE		RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DA		R 24 HRS. 26	RONOUNCED	MONTH	26 1982	20 1100K
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SELAN	130.	STATE	FIN NURSING HOME C	OR OTHER INSTITUTION, GIV	13c. CITY	ORTOWN		SIDE CITY LIMITS?		T ADDRESS		. 7 . 01	
2 4 4 8 5 E		ryland			_ва.	ltimore		OTHER'S MAIL		East	Lomba	rd Str	eet
# ## #BO	C	Harry		MIDDLE	_	ger		Joan		AIDDLE	Lai	euness	e
TWOR TWO FORW ON OF	16a.		EVER IN U.S. AR/	MED FORCES? WAR OR DATES)	-	IAL SECURITY NO). 17. INF	FORMANT		2123 ^{AD}		ombard	St.
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W. PRESTON ST., WITHIN 24 HOU FENCIL IN ITEM 18 MINER ALONG V TRANSIT PERMIT SITAL HYGIENE, [OR REMOVAL.		9102	IMMEDIA	DUE TO, OR	AS A CON	SEQUENCE OF	wme	Nace II	20114	corou	- Committee		
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"		PART 2 OTHER CIC	NICICANT COMMITTONS	(c)CONTRIBUTING TO DEATH B	IIT WAT BELD	TED TO THE TERMINAL	DISCLASS OF COM	DITION CIVEN IN S	AART 1				
DIVISION OF VITAL RECORDS, 2011 S. CRTHICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN PR RED TO THE CHEE MEDICAL ENDING TO SHOULD BE USED AS A BURIAL- E DEPARTMENT OF HEALTH AND ME 01 PRIOR TO BURIAL, CREMATION, 0	Z.	1	MITCHAIL COMBILLONS	CONTRIBUTING TO DEATH B	OI NOI RELA	IED TO THE TERMINAL	DISEASE OR COM	UITION GITEN IN I	PAKI (0),				
TAL RECHOULD IN THE MENT OF THE MENT OF HEAD A OF HEAD IN THE MENT OF HEAD IN THE MENT OF	Z Š	19a. DATE OF	OPERATION	196 CONDIT	ION FOR V	WHICH OPERATION	N WAS PER	REORMED?		1,790		20 AUTOP	SY?
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RTIFICATE WG THE WO TO THE SHOULD B PARTMEN		UNDERLYING		HOUR A.M.	MONTH	DAY YEAR 26 1982	1/1	OCCUR.	4. 4	TURE OF INJURY IN	A. D.	1000 a a a c	
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DIVIS THIS CER E, WRITIN RWARDED PAGE 3 S STATE DEF	E	AT WORK	NOT WHILE AT WORK	Back	ORY, FARM, EJ	reh.	8910	Him	LA	CITY OR TOWN	Balto.	Md.	2.1219
ATE, ORW	5	220. I certify	that I took charg	ge of the remains desc	ribed aba	ve, held an	Autapsy], Inspects	ion .	Inquiry	and in my	opinion	
MEDICAL EXAMINER: ECUTE THE CERTIFICATE OR 4 SAUDLU BE FOR FUNEXAL DIRECTOR: TER DEATH, WITH THE S	3	death resulted	d fram: Natur	ral causes .	Accident .	, Suicide	П, н	lamicide .	Undeter	mined manner		7/	1
ECERTIFIED BE CERTIFIED BE H, WITH MARYL		ACTUAL	J. Car	Adam O'	Jones	The -	7	SOAN	M	*** 57 * * * * * * * 50	DATE	1/26	182
EDICAL JUETHE 4 SHOU NERAL R DEATH, R DEATH, MORE, A	7	.SIGNATURE_	7.0		1.1	1. 1 .1	M.D	2112	J. MEDIC	1 01 A	DI	Cost	7/2
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EDSE49	230.	SPECIFY)	ION, REMOVAL		-	TAME OF CEMET		MATORY	23d. LOC City of			DUNTY	STATE
)/0 SP	24	Crema FUNERAL DIRECT		7/27/198 Ruck ADDRIL		Green M	ount		E REC'D. BY R	Ltimore REGISTRAR [25]			yland
DHMH - 17 (VR A15 ME (5)) 15M 2/80	79	22 Wis	e Avenu		dalk	, MD. 2	1222	1	UL 28	1902 0/	juness J	MIN PARK	
13M 27 00	-				À.								

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DHMH - 16 50M 1/81 (VRA 15, 4)

G. CONNE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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Walter Welzant, M.D.

Baltz

Balto., Md.21212

- STATE

(VRA 15, 4)

Mitchell-Wiedefeld Home, Inc.

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND

THE RESIDENCE OF THE PROPERTY The many and commenced the same of the A PROPERTY OF THE PROPERTY OF

- STATE REGISTRAR

DECEASED NAME

(TYPE OR PRINT)

13g STATE

MARYLAND

14 FATHER'S NAME

NO

CERTIFICATION

MEDICAL

ä

JOHN

(YES, NO OR UNKNOWN)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

VEAR

1899

DIVORCED

NO T

JOHN A. RILEY

13d INSIDE CITY LIMITS?

RILEY

5. DATE OF BIRTH

MONTH

08

WIDOWED [

BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE COUNTY

	2	-	frest	Gree	9
NO.					
MONTH	1	DAY	YEAR	26 HC	UR
07		17	82	10	-AM
BIRTHDAY)		IF UN	DER 1 YEAR	IF UND	ER 24 HRS
		The second second		_	

INDUSTRY

21227

126 KIND OF BUSINESS OR

WESTINGHOUSE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

CAROLINE. 3 SEX FEMALE Ta. BIRTHPLACE ISTATE OR FOREIGN COUNTRYL MARYLAND 10 CITY OR TOWN OF DEATH LANSDOWNE

U.S.A. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION HE NOT IN SUCH EACHITY GIVE STREET ADDRESS! 1928 SULPHUR SPRING ROAD

WHITE

MIDDLE

E

7b CITIZEN OF WHAT COUNTRY?

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN LANSDOWNE

LAST

SCHARMAN

16h SOCIAL SECURITY NO

820-02-8152

15. MOTHER'S MAIDEN NAME

17 INFORMANT

1928 SULPHUR SPRING ROAD MIDDLE

ADDRESS

(TYPE OF WORK FOR MOST OF WORKING LIFE)

2g DATE OF DEATH

A AGE (IN YEARS LAST &

12a USUAL OCCUPATION

LINE WORKER

13e. STREET ADDRESS

200 AUTOPSY?

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

UNKNOWN 21227 1928 SULPHUR SPRING ROAD

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

18 CAUSE OF DEATH Enter only one couse per line for (o), (b) and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.

NOT WHILE

eceosed olive on

190 DATE OF OPERATION

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

136 COUNTY

BALTIMORE

MIDDLE

(IF YES, GIVE WAR OR DATES)

DUE TO OR

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

19

PART 2 OTHER SIGNIFICANT DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

	The same of the sa	
DR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEA
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	15
16 INJURY OCCURRED	21e PLACE OF INJURY	A ETC 1

220 I certify that () (this hospital) attended the deceased from

YEAR 21f. LOCATION

CITY OR TOWN COUNTY

and hot in (py) (our) opinion death occurred on the date and hour and from the causes stated

HERBERT LEVICKAS, M.D.

22e ADDRESS

5404 EAST DRIVE, 21227

23c NAME OF CEMETERY OR CREMATORY

LORRAINE PARK

DEGREE

23d. LOCATION BALTIMORE WOODLAWN

24 FUNERAL DIRECTOR HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

ATTENDING

BY REGISTRAR 25 JUL 20 1982 frances

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 50M 1/81 (VRA 15, 4)

ld b MPORTA

230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 07-20-82 BURIAL

21229

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STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR REG. NO FIRST 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) ESTI-OF durand DEATH MATED 4 RACE 3. SEX DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male 25 63 YRS DEAD White 19 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED Maryland U.S.A. DIVORCED Baltimore County ONG WITH FORM PM 3. RETAIN PAGE PERMIT. PAGES 1 AND 2 SHOULD BE FILED SIENE, DIVISION OF WAAL REGORDS, 201 W IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH PACILITY, GIVE STREET ADDRESS)
108 Cuchold Point Road OR INDUSTRY Eddie's Tavern Edgemere Owner USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN Baltimore 9108 Cuchold Point Road Maryland Edgemere YES 🗌 NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE W. Kolb George Rund Mary E. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. 9108 Cachold Point Road (IF YES GIVE WAR OR DATES) Yes 212-05-9826 Balto., MD.21219 WW Hilda B. Rund APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE AND MENTAL HYGIEN ATION, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 1D THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR DEPARTMENT 71n EXTERNAL CAUSE WAS 21b. TIME OF INJURY TIE. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 2 OR HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY TATHOME 21f LOCATION 21d. INJURY OCCURRED TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITTI PAGE 4 SHOULD BE FORWARDEI TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 228. I certify that I took charge of the remains described above, held an Autopsy Natural causes Suicide Homicide Undetermined manner EXAMINER'S NAME 230.BURIAL, CREMATION, REMOVAL 23d. LOCATION 7/29/1982 Meadowridge Burial Maryland Dorsey Howard 14 FUNERAL DIRECTOR Duda-Ruck, Inc. 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH-17** 7922 Wise Avenue Dundalk, MD. 21222 (VR A15 ME (5))

15M 2/80

STATE OF MARYLAND

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

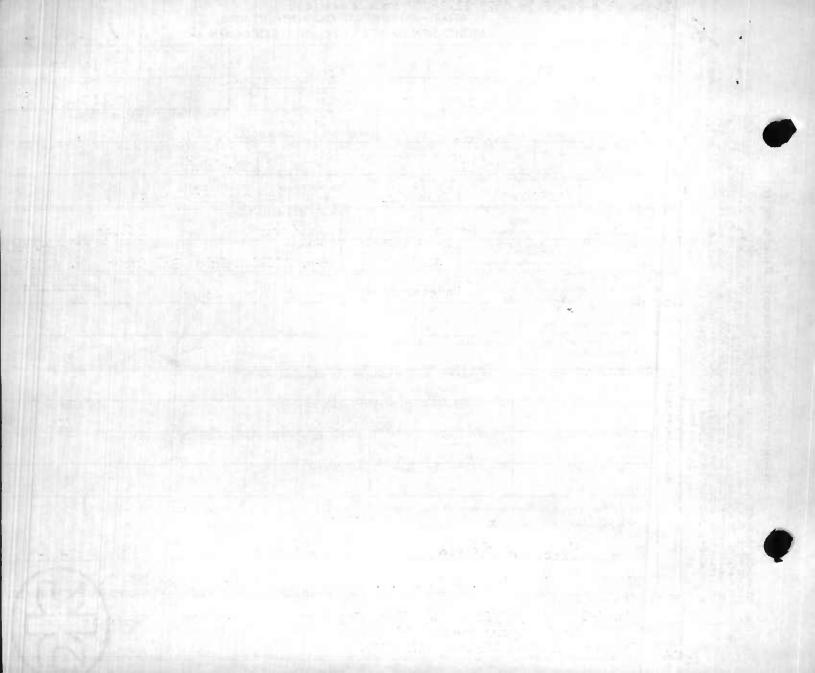
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.					

1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.					
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		July 24, 1982	7:15p м						
	3 SEX 4	RACE							
			4-5, 1908 YEAR	74 yrs. YRS.					
1		TICA							
7				120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR				
/	130 STATE THE OUNTY		13d. INSIDE CITY LIMITS?	3907 Foster	Avenue 21224				
		DDLE LAST		Bollock					
2	160 WAS DECEASED EVER IN U.S. ARME 1985 NO OR UNKNOWN) 1 IF YES, GIVE W	ED FORCES? 166 SOCIAL SECUR VAR OR DATES 2 12-26-55	Evering W						
	Conditions, if ony, which gove rise to immediate cause (a), stating the	BY: CAUSE (a) <u>Cardiores</u> DUE TO, OR AS A CONSEQUEN (b) <u>Metastatio</u>	piratory arrest C Small cell undi		BETWEEN ONSET AND DEATH				
		nditions <u>contributing to de</u>	EATH BUT NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION GIVE	N IN PART 110				
?	19a DATE OF OPERATION	196 CONDITION FOR WHICH C	OPERATION WAS PERFORMED	IN CERTIFY	ING CAUSES OF DEATH?				
1	00 500 110 1010 1010 0 500 0 500 1010	HOUR A.M. MONTH DAY	Y YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT (OR PART 2)				
	ANUITE NOT WHITE			CITY OR TOWN	COUNTY STATE				
	220.1 certify that **[] (this hospital saw the deceased alive on above **[] (we) (did) (did not)	July 24 19 8	10 y 7 , 19 82 82 , and that in hyly) (aur) opinion	to July 24 , 1 a death accurred on the date and hour	9_82_, that \$1) (we) last and from the couses stated				

226. SIGNATURE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

22e ADDRESS

9000 Franklin Square Dr. 21237

	Elissa G.	Ba	shner,	M.D
23a	Burial, Cremation, REMOV.	AL	7-28	-82

23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

DEGREE

STATE

3331 Brehms Lane Home, 21213 Inc.

Balto., Md. JUL 27 1982 Conces Jan 1882

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached with the State Dept.

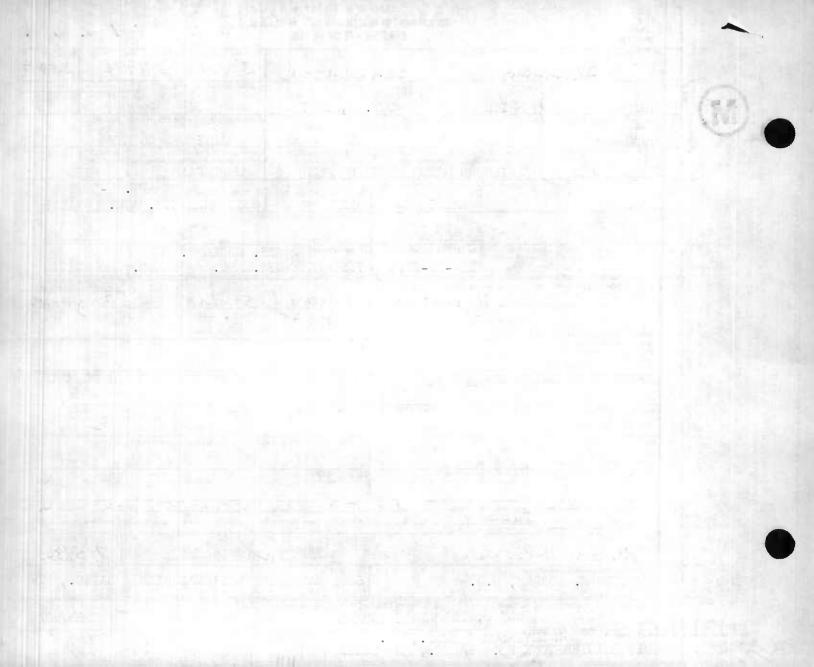
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BALLET LX AND LABORATE ST. ST.

60TO REISTERSTOWN RD. BALTO., MD 21215

(VRA 15, 4) 1/79

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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23e. BURIAL, CREMATION, REMOVAL

Feonard J. Ruck Inc. Baltimore, Maryland

(SPECIFY)

9MH - 16 50M 1/B1 (VRA 15, 4) Burial

24 FUNERAL DIRECTOP

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(TYPE OR PRINT)

REGISTRAR

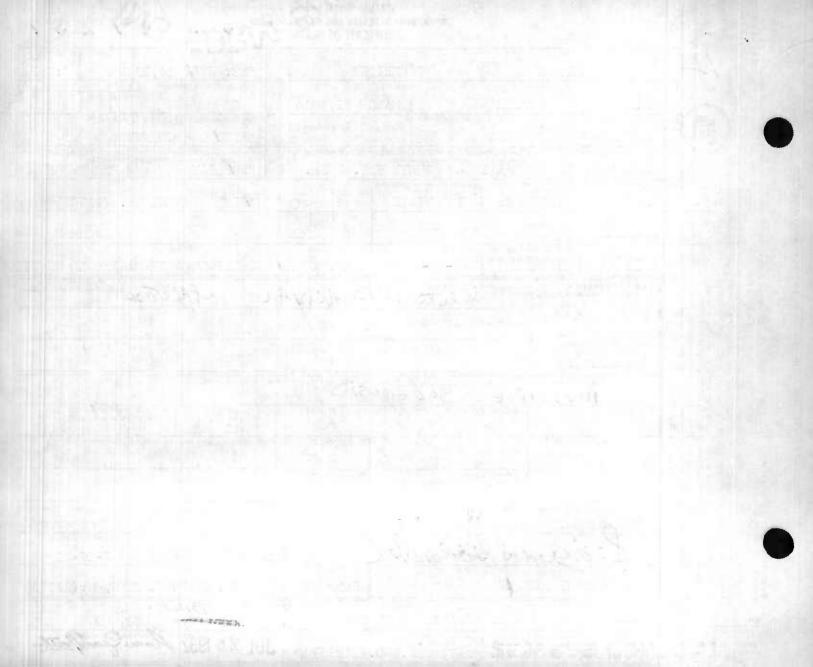
DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀 CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH BALTIMORE CITY OR COUNTY OF DEATH PITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS "Green Spring Dainyst 13d. INSIDE CITY LIMITS? 3033 15. MOTHER'S MAIDEN NAME MIDDLE ADDRESS 216-05-301 Mrs. Ruby I. Schneider same 0 minu 20b. IF YES, WERE FINDINGS USED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? CITY OR TOWN COUNTY STATE 19 92 ond that if (my) our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN COUNTY STATE Aug. 3, 1982 New Cathedral Baltimore Md.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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•		REGISTRAR				ICATE OF DEATH	REG. NO			
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FOR

REGISTRAR 1. DECEASED NAME

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2a DATE OF DEATH

YEAR

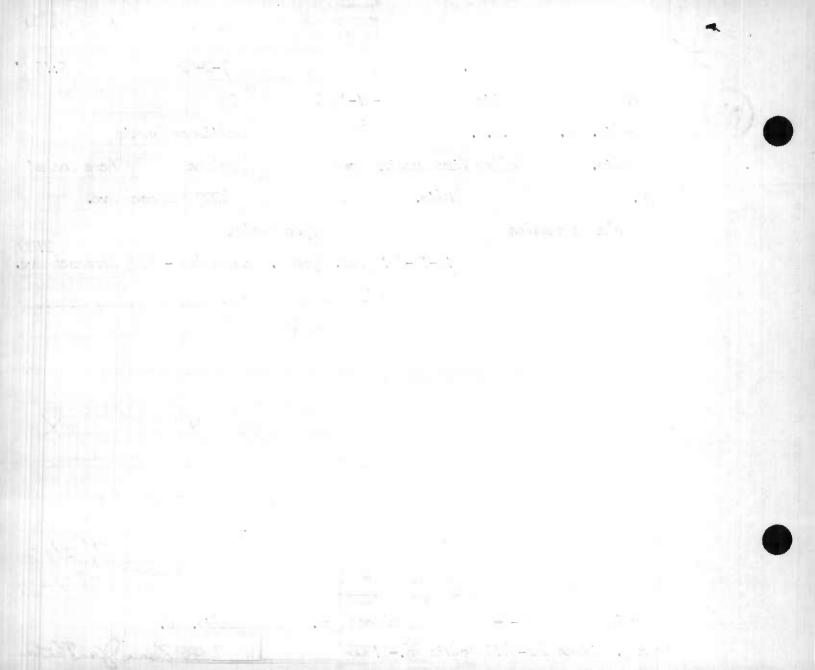
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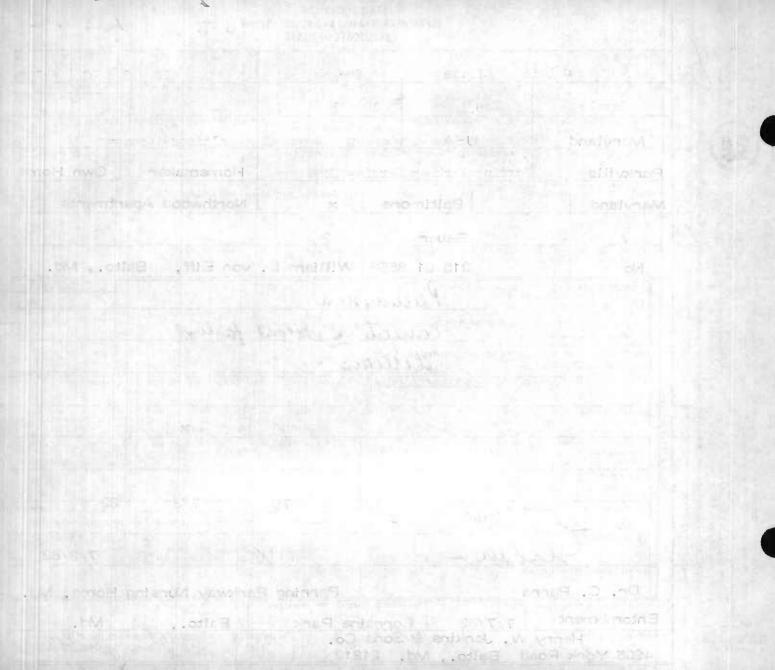


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79

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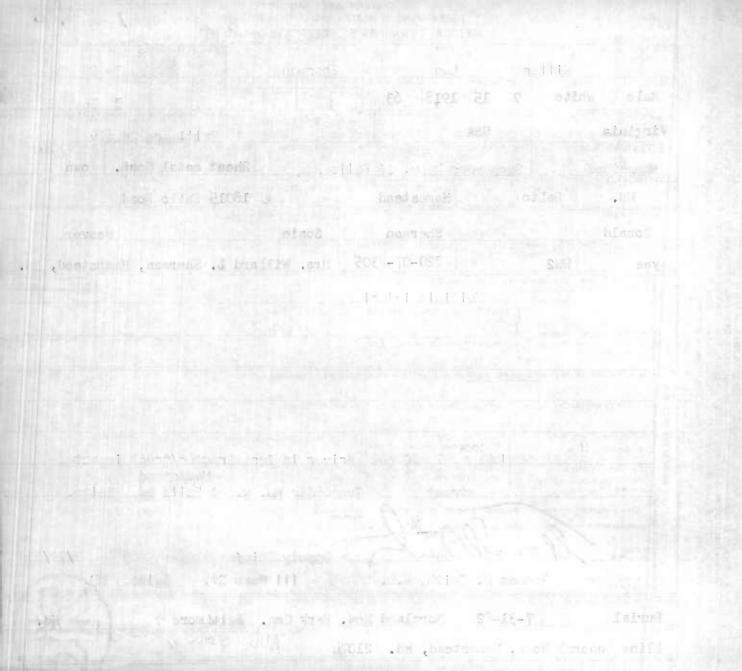


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•	TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PY BATTER DEATH, WITH THE SIT, BALTIMORE, MARYLAND, 2	23.0 8	22a I certify that I toak chorg	Han O'S	Accident	Suicide ,	Deputy Sess 2112 De	Inquiry And Inquir	DATE SIGNED	7/41	21222
0000	BP DHMH-17 (VR A15 ME (5)) 15M 2/80	Bu	PRICE CONN	7 /14/82	BARDE 300		25a. DATE REC'E	d LOCATION CITY OR TOWN BALTO D. BY REGISTRAR 125b. RE 3 1982		110.	STATE

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OF VITA CIAN: T physici physici of the of th		21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	216. TIME C	OF INJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR			OR PART 2)			
ON OI HYSICI ding F ding F burial: Menta ar Item	MEDICAL	(IF EITHER, NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.	M. OF INJURY	19	21f LOCATION						
NG PHYSICIAN: offending physic fifter this certificate st the burial-trans th and Mental Hyg anked or Item 18 si	ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFIC	E, FARM, ETC.)	STREET PA	CITY OR TO	WN E 1000	OUNTY	STATE		
DR: Af		22a. I certify that (1) (this hasp		e deceosed con		4 16 6 19 82	10 14/4/	6 19		hot (I) (we) lost		
R ATTE haspith RECTC ed far em 21	9	sow the deceosed olive or obove, (1) (we) (did) (did no 22b. SIGNATURE		ofter death		nd that in (my) (aur) apinian DEGREE	death accurred on the c	date and hour and	from the co			
AL OR A the had blacked betached betached betached T: If them T: If them		Elsa 4.	Lion	ordo, a		ATTENDING PHYSICIAN [MEDICAL STA	AFF CIAN X	7/16	182		
O HOSPITAL etained by the TO FUNERAL should be deto with the State with the State		22d. PHYSICIAN'S NAME (TYPE		10 11 0 0	0 1 -	22e ADDRESS			1 0 0			
TO HOSP retained TO FUNE should be with the S	12- 1	BURIAL, CREMATION, REMOVAL	· CEUI	CHICU	D, H.L	ROSEWOOL	123d LOCATION	12,000	1045	HILLS		
BP	230. (BURIAL	23b. DATE 07-21			VEN MEM. PK.	CITY OR TOWN	NIE A.A	MA	RYLAND		
DHMH - 16 60M 1/75		JNERAL DIRECTOR		ADDRESS		21229 25a. DAT	E REC'D. BY REGISTRAF	25M REGISTRAR	SIGNATI	Enther		
(VR A 15 (4))	H	UBBARD FUNERAL	HOME, 1	INC. 410	7 WILK	ENS AVE. J	JL 20 1982	Pances	-	1-000		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN W DECEASED NAME 26. HOUR (TYPE OR PRINT) OF ESTI-UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS CRESTON STREET, Willard Sherman Lee 28 1982 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS 2d HOUR DATE 63 YRS PRONOUNCED 3:04 1918 Male White 1987 D M Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THE NEVER MARRIED Virginia USA WIDOWED DIVORCED Baltimore County ID CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 20 USUAL OCCUPATION LTYPE OF WORK 17b. KIND OF BUSINESS OR INDUSTRY Sheet metal Cont. Hampstead Gunpowder Rd w. of Falls Rd own 13a STATE Bal to 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c CITY OR TOWN Md. Hamostead 18015 Falls Road NO F 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Donald Sherman Susie Weaver 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS (IF YES, GIVE WAR OR DATES) 220-07-8305 WW2 Mrs. Willard L. Sherman, Hampstead. Ves 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL MMEDIATE CAUSE (0) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARTMENT OF I YES X NO . TO MEDICAL EXAMINER: THIS CERTIFICATE SH EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CP TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT C 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 1 40 P.M. 28 19 82 driver in farm tractor/truck impact 218 PLACE OF INJURY (AT HOME, AT WORK AT MANUE Hampstead STREET, FACTORY, FARM, ETC. I COUNTY STATE Gunpowder Rd. w. of Falls Rd street Balto Md 22s. I certify that I took shape of the reand in my opinion Undetermined monner TITLE (SPECIFY) ACTUAL AFTER DEATH, 3ALHMORE, N MD Deputy Chiefedical Examiner Thomas D. Smith, M.D. EXAMINER'S NAME III Penn St. Balto., MD. TYPE OR PRINT 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATOR 23d. LOCATION Burial 7-31-82 Moreland Mem. Park Cem. Baltimore 24 FUNERAL DIRECTOR **DHMH - 17** Eline Funeral Home, Hampstead, Md. 21074 (VR A15 ME (5)) 20M 4/B2



1	FOR - STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH		EG. NO.	7	2	4	6
	ECEASED NAME	FIRST		MIDDLE	L	AST	2a DATE OF DE	нтиом НТА	DAY	YEAR	2b HO	SS SUR
		MNA		CELEST	E S	110WS.		07	14	82	12	
3. SI	EX		4 RACE		S. DATE C		6 AGE (IN YEARS	LAST BIRTHDAY)		DER I YEAR	_	ER 24 HRS.
	FEMAL	E	CALLE	ACION.	MONTH		56.	YR	MUNIH	DAYS	HOURS	MIN.
7a. E	BIRTHPLACE (STATEOR	FOREIGN	-	WHAT COUNTRY?	8.		9 BALTIMORE			EATH		
	COUNTRY		U.S.	A.	WIDOWE	DENEVER MARRIED	Ba7.t.	imore C	ount	21		MD
m. c	CITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCC	UPATION	12	<u> </u>	OF BUSIN	NESS OR
And	Randallstow		Baltimor		Gene:	ral Hospital	Bookke			idustry lebst	er's	3
	JAL RESIDENCE (# NUR STATE MD	13b. COUN		13c. CITY OR TOW Randalls	N	134 INSIDE CITY LIMITS?	13e. STREET ADD	RESS 6 Samos	et R	oad	المراو	
14. F	ATHER'S NAME					15 MOTHER'S MAIDEN NA	ME	W-22		3 4,000	1	
	John		ward	Od.	on.	Elizabet	·h	DDLE		Lo		
160	WAS DECEASED EVER			16b SOCIAL SECU		17 INFORMANT Mr.		ADDRESS		10	109	
	(YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	220-18-4	211					1470	011	22
-	18 CAUSE OF DEA			<u> </u>		9106 Samoset	на., на	naalisi	own,	MD APPROX BETWEEN	ZII :	50
	Conditions, if any gave rise to im couse (a), statiunderlying cause	mediate ng the	(b)_	R AS A CONSEQUE	'e E	NCEPHAL	OPATH	7				
N N	PART 2 OTHER SIG	NIFICANT C	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OF	CONDITION	GIVEN IN	PART 1	0 1	1
CERTIFICATION	19a. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS			RE FINDII CAUSES		ATH?
	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEA	1177	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM	18 PART I C	OR PART 2)		
MEDICAL	21d. INJURY OCCUR	RED HILE	21e. PLACE	OF INJURY REET, FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET	CI	TY OR TOWN	C	OUNTY		STATE
	22a. I certify that (I saw the decease above, (I) (we) (ed alive on	7 -	14- 198	2 0	nd that in (my) (our) opinion	death occurred a	7-14 on the date and			,	(we) lost stated
1	226 SIGNATURE	0	Ola la	4		DEGREE				22c. DATE	SIGNE	D
		400	2100	2		ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN K		7-	14.	-82
1	22d PHYSICIAN'S N	AME (TYPE O	R PRINT)			22e ADDRESS		7~				
	DR. SU	DHIR	2, D.	PATEL		BAL' CO	UNTY	GEN	. /	405	P.	

231 NAME OF CEMETERY OR CREMATORY

21133

Loring Byers Funeral Directors, Ind 150. DATE REC'D.

Evergreen Men. Gardens

23d LOCATION
CITY OF TOWN
Finksburg

Carroll

DHMH - 16 50M J/B1 (VRA 15, 4)

BP.

73a. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

23b. DATE 7/19/82

8728 Liberty Rd., Randallstown, MD

Charles and the second of the second NEW YORK TO US AL NAME OF ASSOCIATION The last of the la

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

1	7	2	4	7
-		-		

1	REGISTRAR			CERTIF	ICATE OF I	DEATH		REG. NO					
	DECEASED NAME FIRST		MIDDLE	L	AST		20. DATE OF		MONTH	DAY	YEAR	2b HOU	JR _
	WILLIA	M	LEROY	Sh	17. tz .				67	17	82	73	5 M
3 5	SEX	4. RACE		5. DATE C			6. AGE INY	EARS LAST BIRT	HDAY)		RIYEAR	IF UNDER	24 HR5
	MALE	CAUC	ACION	MONTH		O &	73		YRS.	9	23	MOURS	MIN.
H.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	TE VEVED		9 BALTIMO	RE CITY O		Y OF DE			
7	Maryland	U.S.	A.	WIDOWE	NEVER /	VORCED T	Bal	timo:	re C	0.,			MD.
jit.	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	ROTHER INS	NOITUTION	120 USUAL			12b.		FBUSINE	
>	Randallstown	100	Co. Gen		Hospi	tal	Sho	p Wo	rker	H (osp:	ital	
130	ual residence (if nursing homes state 13b cou aryland Car	NTY Croll	Sykesv	ille	13d INSIDE C	ITY LIMITS?	13e. STREET 661	ADDRESS 7 Chi	ırch	St			
14.1	FATHER'S NAME	MIDDLE	TZAL			MAIDEN NA		WIDDLE					
9	Edgar	······································	Shultz		G	eorgi	anna	WIDDLE		Bu:	rne.	11	
160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA			ADDRE	SS				
		W 2	219-20-	2730	Madel	ine M	. Shu	ltz,	Sam	e A	s #:	13	
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT No DATE OF OPERATION	(b)	r as a conseque	NCE OF	NOT RELATED		INAL DISEASI	OR CONI	DITION GI				
3 5	176. DATE OF OPERATION	198. COND	ITION FOR WHICH	OPERATION	N WAS PERFO	KWED	20a AUTO		IN CERT	IFYING (AUSES	GS USEL	TH?
MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	R) P.	M. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCURR	YES []	URE OF INJUR		PART I OR	PART 2}	NO V	4
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	211. LOCATIO	N	_	CITY OR TO	WN	CO	UNTY	5	TATE
	220.1 certify that (1) (this hosp saw the deceased alive or above, (1) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE of DECEASE) 22d. PHYSICIAN'S NAME (TYPE of DECEASE)	of) view the body OR PRINT)	ofter death.	(2 , an	PEGREE A		MEDICAL DIRECTOR	STAF PHYSIC	F IAN (X)	22	c. DATE S	17 -	8 2
23a.	BURIAL CREMATION REMOVAL		123c N	IAME OF CI	EMETERY OR (23d. LOCA					c. IV.	

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

FOR

Charles W. Burrier, Jr., Sykesville, Md.

23c NAME OF CEMETERY OR CREMATORY Central Methodist 23d. LOCATION

EN REGISTRAR 256 OF LITTRAR SCHAME

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7.1 77171700 THE CALL OF THE ST. 10 THE STATE OF THE STAT The state of the state of the state of CHEMIC CONTEST CONTRACTOR CHICAGO CHICAGO .10 20 10418 /1 105 (105 THE REPORT OF THE PARTY OF THE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Julu

6. AGE (IN YEARS LAST BIRTHDAY)

20. DATE OF DEATH

REG NO

MONTH

7h HOUR 1982 IF UNDER 24 HRS

Sirch 4. RACE 5. DATE OF BIRTH white April

17. 1910

WIDOWEDE

9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED |

Baltimore County TYPE OF WORK FOR MOST OF WORKING LIFE)

12b. KIND OF BUSINESS OR industry Salesladu

I CITY OR TOWN OF DEATH Rockdale

BIRTHPLACE I STATE OF FOREIGN

- STATE

TYPE OR PRINTS

REGISTRAR

female

DECEASED NAME

Maryland

Florida

CERTIFICATION

FATHER'S NAME

Pinellas St Petersburg

IN CITIZEN OF WHAT COUNTRY?

3523 Millvale Rd.

13d INSIDE CITY LIMITS? YES DO 15 MOTHER'S MAIDEN NAME Annie

17 INFORMANT

MIDDLE

130 STREET ADDRESS 130 64th Street South

Davis

21207

Herman 16g. WAS DECEASED EVER IN U.S. ARMED FORCES?

MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)

Ruth

16b SOCIAL SECURITY NO 217-22-1037A

Holdson

Lionel Jacobson 3523 Millvale Rd.

Baltimore

gove rise to immediate couse (o), stating underlying couse

ARTERY DISEASE

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

LIE EITHER NOTIFY MEDICAL EXAMINERS

216 TIME OF INJURY HOUR A.M. MONTH DAY P.M

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21e PLACE OF INJURY

YEAR 19

21f. LOCATION SIREFI

CITY OF TOWN

82, and that in (my) (our) opinion death accurred an the date and have and from the couses stated

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOT

IN CERTIFYING CAUSES OF DEATH?

COUNTY

YES [

STATE

NO IT

above (1) we) (did) (did not) view the body after death 226 SIGNATURE

NOT WHILE

22a.l certify that (1) (this haspital) attended the deceased from

Dr. John A. Nesbitt III

DEGREE ATTENDING 22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

saw the deceased alive as

201 E. University Pkwy. Baltimore. Md.

23d. LOCATION

230. BURIAL CREMATIC'N REMOVAL Cremation

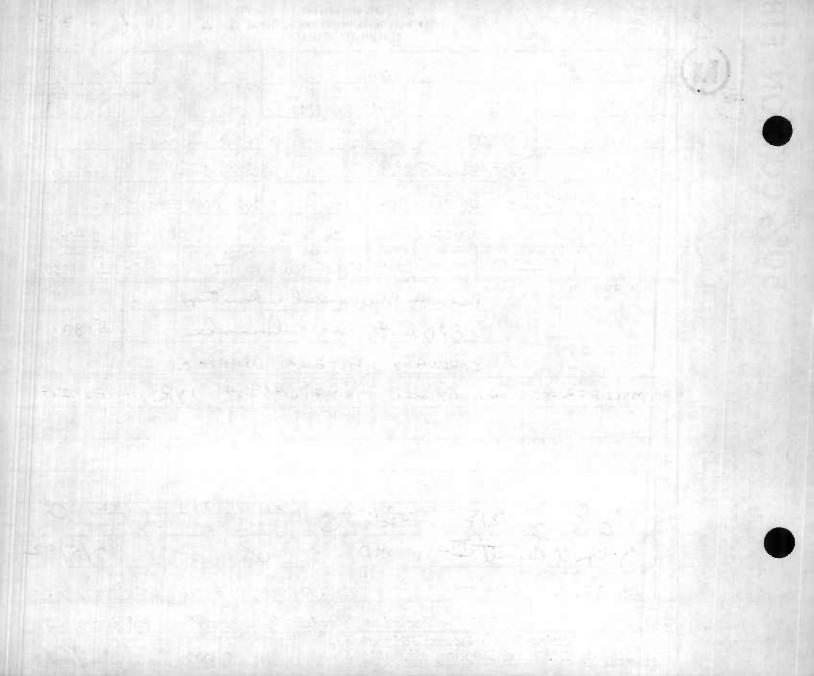
7/7/82 Westview Memorial Pk

Catonsville

DHMH - 16 50M 1/B1 (VRA 15, 4)

Loring Byers Funeral Directors, 8728 Liberty Rd. Randallstown, Md.

23b. DATE



FOR STATE REGISTRAR	DEPAR	STATE OF MARYLA RTMENT OF HEALTH AND A CERTIFICATE OF D	MENTAL HYGIENE &	3 2 1 7 REG. NO.	25				
1. DECEASED NAME FIRST {TYPE OR PRINT}	fan J.	Slauik	2e. DAT	TE OF DEATH MONTH DAY	YEAR 26. HOL				
3. SEX Male	4 RACE Cau.	5. DATE OF BIRTH		(IN YEARS LAST BIRTHOAY) IF UP MONT	NDER LYEAR IF UNDER				
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Yugoslavia	76 CITIZEN OF WHAT COUNTR	MARRIED X NEVER M	VORCED	MORECHY <u>OR</u> COUNTY OF Baltimore Coun					
Baltimore	Perring Parkwa	v Nursing Home	NAME OF	WAR OCCUPATION WORK FOR MOST DE WORKING LIFE)	2b. KIND OF BUSINE INDUSTRY Beth Ste				
13a. STATE 13b C.		OWN 13d. INSIDE CI	NO 🔀	reet ADDRESS 7435 Kenlea Ave	20110				
Joseph Slav			FIRST Unknown	MIOOLE ADDRESS	LAST				
16g. WAS DECEASED EVER IN U.S. (YES, 1908 UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES) 16b. SOCIAL SE 217-14		ucille P.	Slavik - 7435 K	Kenlea Ave				
PART 2 OTHER SIGNIFICAT	cause (a), staffing the DUE TO OR AS A CONSEQUENCE OF								
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHI	CH OPERATION WAS PERFO		IN CERTIFYING	ERE FINDINGS USED G CAUSES OF DEAT				
OR COLUMN THE CALLES OF	DEATH HOUR A.M. MONTH	H DAY YEAR 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART)							
GRECONTRIBUTING CAUSE OF	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM ETC) 2H LOCATION STREET	101	CITY OR TOWN	COUNTY S				
22a.1 certify that (1) (this he saw the deceased alive	22a. I certify that (I) (this haspital) attended the decrased from that (I) (this haspital) attended the decrased from the decrased olive an above, (I) for fidid) (did not) view the body after death. DEGREE ATTENDINGS MEDICAL STAFF								
Arthury F	CAROUXA	22e ADDRESS 1801		TOR PHYSICIAN RTH Pol BA)	to mol 21				
236. BURIAL, CREMATION, REMOV		C. NAME OF CEMETERY OR C							

3

DHMH - 16 50M 4/B2 (VRA 15, 4) 24 FUNERAL DIREC

BP

Sundeslavia Partitioner Treatment of the Contract of the Partition of (C) (C) (C) (C) (C) A Figure Victoria Paris 2 in the second 21108531 Marian Time weiter in Marin - Tim Could and Charles of the section of the sectio STEET SHEET AND THE STEET STATE encial description of raids on trails, (a. with the section with a section of the

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

REG. NO

26 HOUR

HOURS

12h, KIND OF BUSINESS OR

MC KOWAN

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

82

250. DATE REC'D. BY REGISTRAR 256. REGISTRAN

22c. DATE SIGNED

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

MURP

DHMH - 16 50M 1/81 (VRA 15, 4)

24. FUNERAL DIRECTOR

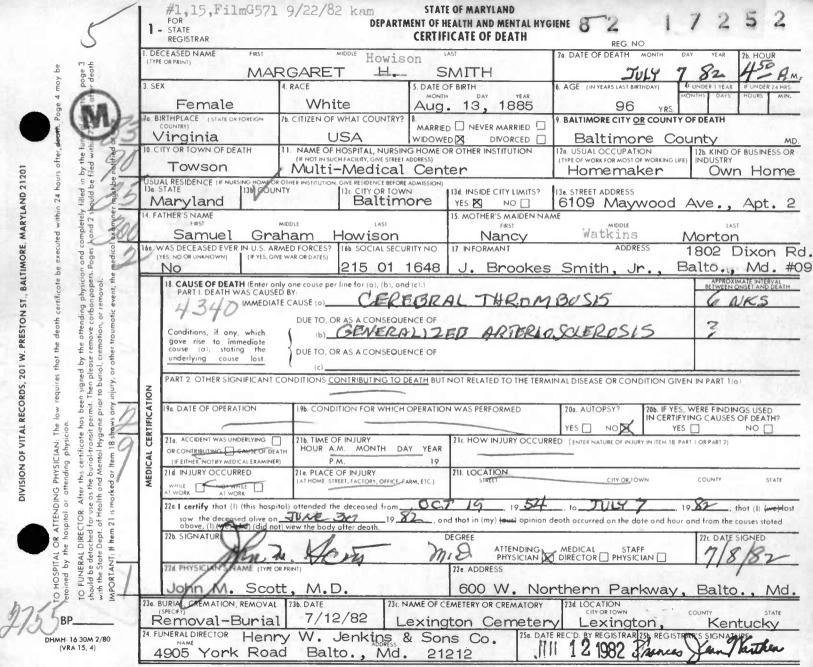
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FOR

REGISTRAR

1 - STATE

W.270.



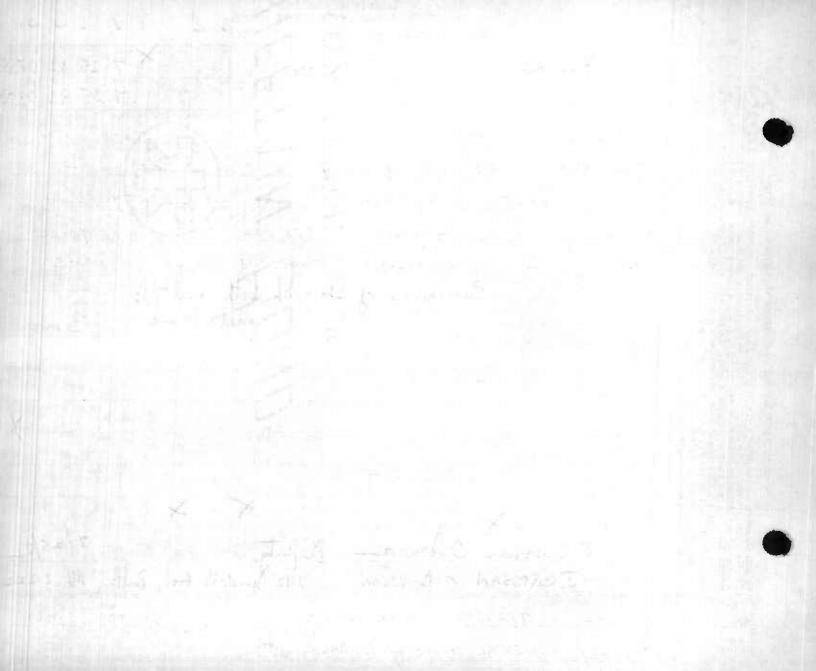
the roll of the reserved for the reserved from the second from . Called the sport of the state Manager Manager of the contract of the contrac Company of the Compan BOLDW. Northern Parmyane, Bailto, saled. Harveynt-Burgat 7 et 250 | Lautonipa Carabay assertant, sanuas, lautonipa Santant in Amerikana (n. 1845). Santant in Amerikana (n. 1846). Santant in Amerikana

	1	FOR - STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	IENE 8 2	176	. 5			
17		CEASED NAME FIRST E OR PRINT)	Josephir	ne SNIA	DACH	AST	July 16,		6:45			
	3 SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHD)	MONTHS DAY				
		Female:	Cau	œ.	7	7 1918	64	YRS.	S HOURS			
35	ra. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	· A •	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore City or C Baltimore					
57	10 C	Baltimore	(IF NOT IN SU	CH FACILITY, GIVE STREE		Hosp.	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Charlady 126. KIND OF BUSINI INDUSTRY Electric					
35	13a.	AL RESIDENCE (IF NURSING HOME O STATE IN COU	ROTHER INSTITUTION		RE ADMISSION)	13d INSIDE CITY LIMITS? YES K NO	13e. STREET ADDRESS	tomac St				
00	14. F	ATHER'S NAME FIRST Casimir	MIDDLE	Zimnoch		15. MOTHER'S MAIDEN NAM		Borow	AST			
-		VAS DECEASED EVER IN U.S. AF	MED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRESS					
2		No	VE WAR ON DAIES	214-01-	-7124	Antoinette	Sniadach :	3831 Jop	pa Rd			
	NOI	Conditions, if ony, which gove rise to immediate cause (o), stofting the underlying cause lost. PART 2. OTHER SIGNIFICANT	ON GIVEN IN PART	l(o)								
	CERTIFICATION	19a DATE OF OPERATION	19b. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY? 206. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES NO YES NO					
Bem 18		216. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A		AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18, PART I OR PART 2				
rkedor	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY FREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	\$1.4			
T; If Kem 21 is me		220. I certify that V (this hospital) attended the deceased from JULY 16 19 82, to JULY 16 19 82, and that in (not) (our) opinion death accurred on the date and hour above. (Niwe) (did y did not) view the body after death 22b. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR D										
IMPORTANT	230	bren der Gierhart, MD 9000 Franklin Square Dr., 21237										
		(SPECIFY) Burial		1		osary Cem.	23d. LOCATION CITY OR TOWN	altimore	S M			
B1	24 F	JNERAL DIRECTOR Dabrowski &				25a DALE			HOKE WE			

Proping and the control of the contr to the property of the second test . of Auto-1284 downstra be ships on 3831 Total do. Will the profession of the same what

Lane Me & action of the second second Contract of the second LATER TO THE PROPERTY Stor Ald Low Rose R. D. N. Sells J.

8.1						MARYLAND					Come	1134
1	FOR - STATE	-		DEPARTMENT O			6.3		1	1 2	5	3
-	REGISTRAR DECEASED NAM	AE FIRST	ME	MIDDLE	INEK 3	LEKTIFICATE		1	EG. NO.	ITH DAY	WE 4.0	
	(TYPE OR PRINT)	ARGYE	. ^		SAU	0.0	2	OF EST	1- 2		5 ₁₉ 82	073S
3	SEX	14 RACE	S. DATE OF BIRTH	A AGE /IN	YEARS IF UT	RIAS	ER 24 HRS. 2	DEATH MAT	FD []	H DAY	19 0 4 YEAR	2d. HOUR
	=	h/	MONTH DAY	YEAR LAST BIRT	HDAY) MONT			C. DATE RONOUNCED DEAD	~	1 25		0834
70	BIRTHPLACE		6 22 76. CITIZEN OF WE	1898 84	I g		_ 9	BALTIMORE	CITY OF CO			TO JAK
	FOREIGN COUNTRY GREE					IED NEVER MAI	RRIED 🔲	0				,
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Ū:	SUAL RESIDENCE		R OTHER INSTITUTION, GIV	LIBERT	SSION	NY	H	OUSE W	IFE			
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	(YES, NO, OR UNKN	OWN) (IF YES, GIVE	WAR OR DATES)		8125	THEOD	ORE	SOURIAS		SA	m=	
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-	21a. EXTERN	AL CAUSE WAS	216. TIME OF HOUR A.M		AR 21c. H	OW INJURY OCCUR	RED (ENTERNA	TURE OF INJURY IN	ITEM 18 PART 1 C	R PART 2)		1
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L	BURI	AL	7/27/8	22 .OA	K L.	AWN			BALT	0	m	D
2	FUNERAL DIRE		ADDRESS		1	25a. DAT	E REC'D. BY F	REGISTRAR 25	REGISTRAR	'S SIGNAT	TURE	
L	CONNE	LLY FU	NERAL	HOME OF	DUNI	DALK	[65]	1	In see L	25	1000	



may be

the ottending physician and campletely filled in by the funeral director remove carbon papers. Pages 1 and 2 should be filed within 72 hours atte

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial should be detacked for use as the burial-transit permit. Then please remove carbonopopers with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal. MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

1		FOR STATE
1	-	STATE REGISTRAF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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12.03	REGISTRAR			CERTIF	ICATE OF DEATH	REG. 1	40		
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(TYPE C	OR PRINT)	DYS M	•	SP	EAKE	Territoria	07 2	2 82	6 50
3. SEX		4 RACE		5 DATE C	F BIRTH	6 AGE (IN YEARS LAST B	RTHDAY) I	F UNDER I YEAR	IF UNDER 24
	FEMALF	CANY	ACION.	MONTH			77	DNIHS DAYS	HOURS
	THPLACE (STATE OR FOREIG		WHAT COUNTRY?	8		9 BALTIMORE CITY	4 - INS	OF DEATH	
	rvland	U.S.A.		WIDOWE	NEVER MARRIED	Baltimore			
	Y OR TOWN OF DEATH	11. NAME OF		NG HOME O	R OTHER INSTITUTION	12a USUAL OCCUPA			F BUSINESS
	ndallstown	Baltimo	re Count	y Gene	ral Hospital	Housewife	OF WORKING LIFE)	Homen Homen	naker
Mar Mar	ryland B	ome or other institution COUNTY altimore	13c. CITY OR TOW Woodlaw	/N	13d. INSIDE CITY LIMITS? YES NO 🕱	13e SIREET ADDRESS 5814 Wind		Ll Road	d
I4 FAT	HER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME			
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No		A GIVE WAR OR DATES!	216-10-	0133	Gladys M. Pa	errish, 610	Gibson	Road	
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CERTIFICATION	90 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?
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ΙL	22a. I certify that (I) (this saw the deceased ali above, (I) (we) (did) (a	ve on 7 -	22-108		25-, 1982- d that in (my) (our) apinion	to 7 =	22 - , 19 date and hour o		that (1) (we)
	22b. SIGNATURE	CODI	or	C		MEDICAL STA DIRECTOR PHYSI	AFF CIANA	22c. DATE	SIGNED 2-2-8
2	DR BUZ		PATE	4	BAL. COL	INTY GE	N, F	1057	PIAL
(SP	PECIEY) PRINTED TO THE PECIEY)	7/26/			METERY OR CREMATORY W Memorial Pl	23d LOCATION CITYOR TOWN]]_ ~D	COUNTY	STATI

DHMH - 16 50M 1/81 (VRA 15, 4)

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FUNERAL DIRECTOR
WOODLAWN MEMORIAL FH
BOLO Wood Soul 6411 Windsor Mill Rd

Pk | Catonsville, MBaltimore Co, Md

DATE RECID. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

AUG - 2 1982 Augustus

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STATE OF MARYLAND								
DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
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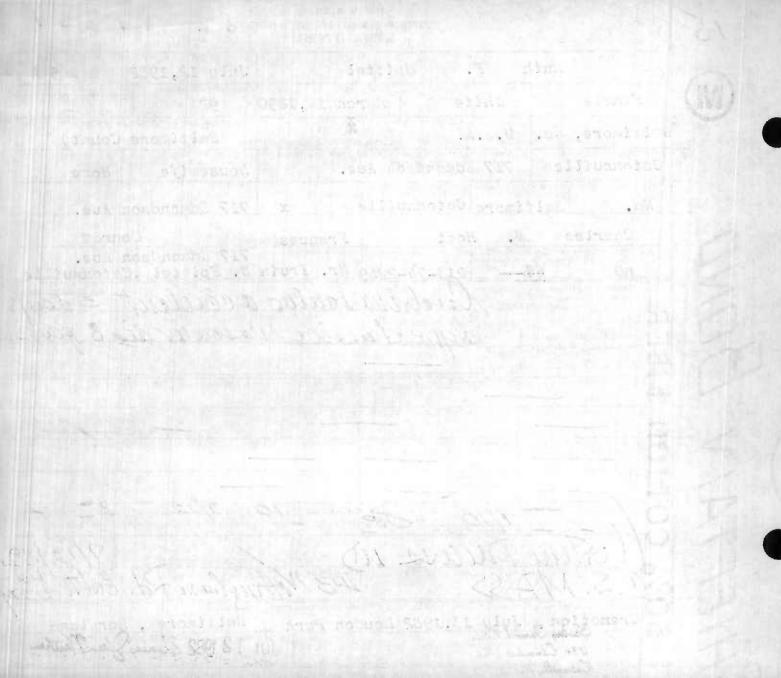
	1 -	REGISTRAR				CERTI	FICATE OF D	EATH	REG	G. NO.		
		CEASED NAME OR PRINT)	Ruth		WIDDLE	Spitt	el		July 1		DAY YEAR	26. HOUR 5 A M
-	3. SE)	Female		RACE Whi	te		of Birth rch 14		6. AGE (IN YEARS LA		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
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C		Charle			Hoot		Fran		MIDD	C	onrad	
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	Z	Conditions, if ony gove rise to im cause (a), stati underlying cause	mediate ng the last	((c)_	ALLO RASA FON:	SEQUENCE OF	T NOT RELATED		PARCEL NAL DISEASE OR C		EN IN PART II	geas
2	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR W	/HICH OPERATIO	ON WAS PERFO	RMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDI	
7	MEDICAL CER	21a ACCIDENT WAS UN OR CONTRIBUTING (IF ETHER NOTIFY MED 21d INJURY OCCUR WALL ALL NOTIFY ACCUR WAS ALL NOTIFY ALL NOTIF	CAUSE OF DEATH	P. 21e. PLACE (AT HOME, ST	.M. MONTH	19 DEFICE, FARM, ETC.)	211 LOCATIO STREET d that in (my) DEGREE	19 7 0 (a opinion d	eoth occurred on the	OR TOWN OR TOWN OR DISTANT	COUNTY	
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DHMH - 16 50M 1/B1 (VRA 1S, 4)

230 BURIAL CREMATION, REMOVAL 230 DATE 15PECC PENALTIAN JULY 13, 1982 Loudon Park Bal 24 FUNERAL DIRECTOR Funeral Colate ADDRESS 250 DATE REGION ADDRESS 136 Edmondson Ave. Catoneville, Md.

Baltimore PEGISTRANS REGISTRANS AIGN

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OR ATTENDING PHYSICIAN:

TO HOSPITAL

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		60	4	-

REGISTRAK				CENTIL	ICAIL OI L	LAIN	REG. N	10.			
DECEASED NAME	FIRST	A	MIDDLE		LAST		20. DATE OF DEATH	HINOM	DAY	YEAR	26 HOUR
The Owner of	Kenneth		F.	STE	RNER			July :	10,	1982	6:45A
SEX		I. RACE			OF BIRTH		6 AGE (IN YEARS LAST BI	RTHDAY)		ER I YEAR	IF UNDER 24 HE
Male		Whi	te	1.2		1925	56	YRS.	MONTHS	DAYS	HOURS MI
BIRTHPLACE (ST	ATE OR FOREIGN		WHAT COUNTRY?	8			9 BALTIMORE CITY		Y OF DE	EATH	
Maryland		77 0	.A.	WIDOW	D X NEVER	VORCED T	Baltimon	re Co	untv		
CITY OR TOWN	OF DEATH	1. NAME OF H	OSPITAL, NURSIN	G HOME			12a USUAL OCCUPAT			KINDO	F BUSINESS (
Rossville	,		H FACILITY, GIVE STREET				(TYPE OF WORK FOR MOST		LIFE) IND	DUSTRY	
SUAL RESIDENCE		THERINSTITUTION	in Square	ADMISSIONS	pital		Technical	Write	erl	B.G.	& E.
Ba STATE	13P CON		13c. CITY OR TOW		13d INSIDE C		13e STREET ADDRESS				
Maryland FATHER'S NAME	Balt	imore	Dundall	2	YES	NO X	3311 McSha	ne Wa	ay		
FIRST	N	IDDLE	LAST		15 MOTHER	FIRST	WE			LAST	
Eugene	9	A.	Sterne	c	E	ffie	М.			Gr	imm
WAS DECEASED	EVER IN U.S. ARA	WAR OR DATES	166 SOCIAL SECU	RITY NO.	17 INFORMA	NT	ADDR	ESS3311	McS	Shane	e Way
Yes	WW		220-12-1	7093	Emma I	. Stern					21222
18 CAUSE OF	DEATH Enter only	one couse per	line for (a), (b), and	fres.i						APPROXIA	MATE INTERVAL
PART 2 OTHE	R SIGNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	IDITION G	IVEN IN F	PART 1(a	
19a. DATE OF C	PERATION	19b. CONDI	TION FOR WHICH	ON FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	20b. IF YI	ES, WERE	E FINDIN	GS USED
19a. DATE OF C							YES TI NOXY		IFYING (CAUSES	OF DEATH?
OR CONTRIBUTION	G CAUSE OF DEAT	21b. TIME OF HOUR A./	M. MONTH DA	Y YEAR	21¢ HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18	PART I OR	PART 2)	
21d INJURY O		21e PLACE C	OF INJURY		211 LOCATIO	N					
WHILE AT WORK	NOT WHILE	(AT HOME STR	EET, FACTORY, OFFICE, FA	RM, ETC)	STREET		CITY OR TO)WN	CO	YINU	STATE
220 1 certify t	220 certify that Nr (this hospital) attended the deceased from JULY 4. 19.82 to JULY 10. 19.82 that Nr (wellast										
sow the c	saw the deceased olive an July 10, 19 82, and that in (nx) (aur) opinion death occurred on the date and hour on above. (x (x v e) (did) (x								our and fr	rom the c	ouses stoted
22b. SIGNAJU	A A	/ The wife body	oner deom.		DEGREE				22	c DATE S	SIGNED
H	200 //	hat	- for	1		TTENDING PHYSICIAN	MEDICAL STA		-	7/	10/0
22d. PHYSIC A	N'S NAME THE OR	PRINT)			22e ADDRES		DIVECTOR PHISH	LIMIN L		4	10
A:	212 /	chat	16		900	00 Fran	klin Square	e Dr.	, 2	1237	
a. BURIAL, CREMA	TION, REMOVAL	23b DATE	23c N	AME OF C	EMETERY OR	REMATORY	23d LOCATION		COUN	ITY	STATE
Bur	ial	7/13/	82 Oa	k La	wn Ceme	tery	Baltimo	re	00014		yland

DHMH - 16 50M 1/81 (VRA 15, 4)

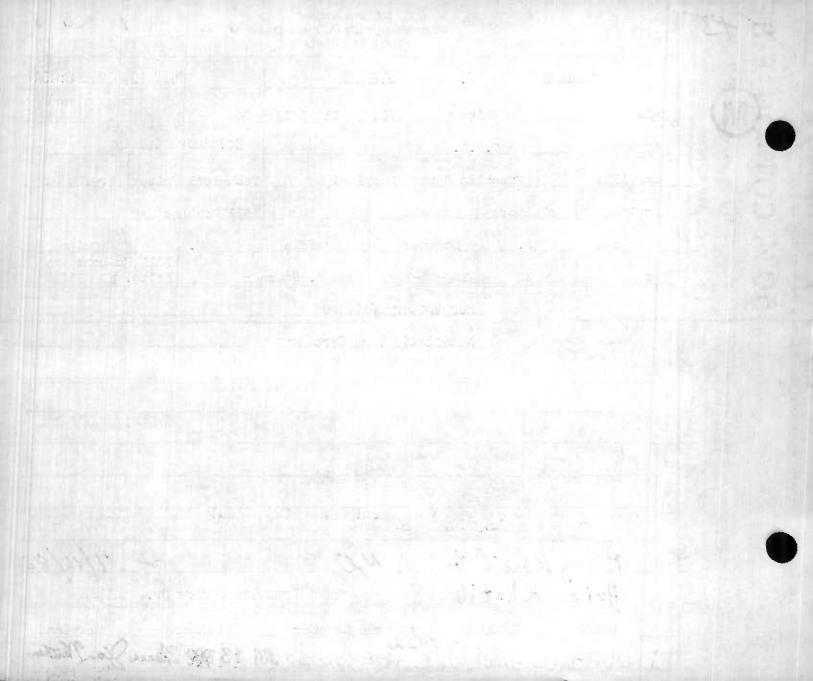
TO FUNERAL DIRECTOR:

IMPORTANT: If Hem 21 is

250. DATE REC'D. BY REGISTRAR 256. REGISTRA

Baltimore

Maryland



FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TIMENT OF HEALTH AND MER CERTIFICATE OF DEA	NTAL HYGIENE 8 2	17263
2		PRINT RAYM	OND J.	SWEENEY		7 14 82 3:45
	3. SEX	ALE	4. RACE CAU	5. DATE OF BIRTH	16 66	YRS DAYS HOURS A
1	9	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY U.S.A.	WIDOWED DIVOR	RRIED BALTIMORE CITY OR BALTIMORE	COUNTY COUNTY
56	Т	OWS ON	670 T N. CHA		UTION 12d USUAL OCCUPATION (TYPE WORKED MOST OF V	WORKING (IFE) INDURTRY Retired
BC	13a. S		ord 13c. Cay of TO	YES NO		210 Lower drive Belai
20	4. FA	THER'S NAME FIR Raymond J.	, MDSweeney LAST		dna Hooper MIDDLE	LAST 210
medica	6a W	AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE-	7459 Mrs. 1	Inez McLung 1407	
injury, or other troumotic e	NOI	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEG	O DEATH BUT NOT RELATED TO	MA THE TERMINAL DISEASE OR CONDI SUS -SE CONDARY C.	1 YEAR
Shows and	CERTIFICATION	19a DATE OF OPERATION		CH OPERATION WAS PERFORM	YES NO X	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH! YES NO
or Item 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RY OCCURRED (ENTER NATURE OF INJURY)	
arked	2	AT WORK AT WORK		7-12	82 7=11	82
IMPORTANT: If Item 21 is marked	N	220. I certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did not be say that the say the say that the say the say that the say the sa	at) view the bady after death.	DEGREE ATTE PHY 220 ADDRESS	19 82 . to 7-14 ur) apinion death accurred an the date ENDING MEDICAL STAFF YSICIAN DIRECTOR PHYSICIA CHARLES ST	22c. DATE SIGNED 7/14/82

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	/	92-2004	122 G. M.):	11- 1	

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE A - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH 2b. HOUR I. DECEASED NAME (TYPE OR PRINT) July 12, 1982 HTLDA D. TENBROECK A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 3. SEX 4. RACE Oct. 2, 1898 White Female BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE I STATE OF FOREIGN Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore, Co. Pennsylvania U.S.A. DIVORCED [WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 7 Tweedbrook TYPE OF WORK FOR MOST OF WORKING LIFE.
HOUSEWITE Home Balto, 21239 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Baltimore 13d. INSIDE CITY LIMUS? 6707 Tweedbrook Rd. Maryland 15 MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE FIRST MIDDLE Davis Harriett Lowrey Theo 16b SOCIAL SECURITY NO. 17. INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? LIE YES GIVE WAR OR DATEST Kenneth Tenbroeck 6707 Tweedbrook Rd. 179-16-2708 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO Conditions, if onv. which gove rise to immediate cause (o), stating the underlying cause CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES NOF NO 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h TIME OF INJURY 8 YEAR HOUR A.M. MONTH DAY OR CONTRIBUTING TO CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY ă COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. | certify that (I) (this haspital) offended the deceased from sow the deceosed alive on and that in (my) (and opinion deoth accurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the bedy after death, 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN should be det with the State IMPORTANT: 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS Balto. Carlos E. Aranaga, MD Northern Parkway 1900 E. 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE CITY OR TOWN Buria] 7/15/1982 Wavmart Cem. Waymart, Pennsylvania 24. FUNERAL DIRECTOR 25e. DATE REC' DHMH - 16 50M 4/82 Will am E. Johnson 8521 Toch Raven Bl. (VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND

SELECTION OF THE CONTRACTOR FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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		REOISTRAR				REG. NO	J		
		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
		Shyr	1 4 EON T	HOMPS	ON	July	11. 1982	9:	.08PM
	1. SE)	X.	4 RACE	5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDE	RIYEAR IFU	NDER 24 HRS
		M	N	MONI	1/21/35	46	YRS.	DAYS	DRS MIN
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8 AAAAAAAA	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH	100
2		W. VA	USA	WIDOWI	DIVORCED	Baltimore			MD.
1	10 CI	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET 	NG HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST O	ON 12b F WORKING LIFE) IND	KIND OF BU USTRY	SINESSOR
	K	OSSVILLE	FRANKLIN	ک	Q.			014	
6		AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN	TY LIST CITY OF TOV		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	1 100		
	17.5		ALTO ESSE.	X	YES NO		MAPLE	17	VF
3/1	14 FA	ATHER'S NAME	WIDDLE LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LAST	
V	S	APRL D	THOMPSON MED FORCES? LAB SOCIAL SEC	15151111	MAUDE	Post			
	17	YES, NO OR UNKNOWN) I IF YES, GIVE	WAR OR DATES) 216.30	URITY NO.	17 INFORMANT	THOMBON	.55	7 BO	45
	_	VNK			wine 7	Heriber			
		8 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), or BY.				В	APPROXIMATE ETWEEN ONSET	AND DEATH
		IMMEDIAT	E CAUSE (0) Asystol	e					
		4100	DUE TO, OR AS A CONSEQU						
		Conditions, if any, which gave rise to immediate	(Myocardi	al In	farction				
		couse (a), stating the underlying couse fast	DUE TO, OR AS A CONSEQU	ENCE OF					
9			(c)						
	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERA	AINAL DISEASE OR CON	DITION GIVEN IN P	PART I/o	
1	ATIO	19a, DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS	USED
2	CERTIFICATION					YES NOX	IN CERTIFYING C		EATH?
9	E E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	AV VEAR	21¢ HOW INJURY OCCUR		RY IN ITEM IS PART I OR	PART 2)	
7	AL	OR CONTRIBUTING CAUSE OF DEA		AY YEAR					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TO		UNTY	STATE
4	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.)	SINCE	CITYONTO	W/4	01411	STATE
			al) ottended the decented rom.	Ju	ly II. 1982	toJuly	11, 19 8	2, that	(IX(we) lost
		saw the deceased alive on object of the property of the proper	View the body where departs	,82 /	that in (Xy) (our) opinion	death occurred on the do	ate and hour and fr	om the cause	es stoted
		myspylyte &	+ 1-11	- /	DEGREE			c. DATE SIGN	VED
		how	danstigel	ent.	PHYSICIAN [MEDICAL STAP		7/11/0	2
		224. PHYSICIAN'S NAME (TYPE O			22e ADDRESS			*/-I-I/-C)
		Mark Lans Fry	denborg, M.D.	/	9000 Frankl	in Square Di	rive 212	37	
	23a B	BURIAL, CREMATION, REMOVAL	1 1		EMETERY OR CREMATORY	23d LOCATION	COUNT	ſγ	STATE
h	6	REMATION	7/13/82 5	ECU.		BALI	o. M	R	
	24 FL	NAME NAME	1 2 CODRESS	anni	2 1 10 25a. DA		256. REGISTRAR'S S	IGNATURE	then
		onnewy T. 11	1 JUL	11100	AVE JU	[13 1205 C	since 13		

QHMH - 16 SOM 1/81 (VRA 15, 4)

MPORTANT, If Ben 21 is

IN THE DESIGNATION OFF ENDE FRENCH BY BEST AMILE MAY EAST D. THORNES MANNE THEFT THE PARTY OF THE CONTRACTOR OF THE WAR THE PROPERTY AND SECURITY AND SECURITY SALES

CALANIE HISTORY 131/23/18 Printe Carplace amount Surham a Conclosed antowesed enous General ASCIDE Chilling I Salary Mill - X PATRICULT CARBETTA BOILDANTHORFE PARTE 114 20 HB2 - (A)

	1	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HY	0 4	1	1 %	. 6
		CEASED NAME FIRST	ī	MIDDLE		AST	REG.		DAY YEAR	2b. HOUR
	(TAB	E OR PRINT)	io	Μ.	Tro	nper	July 27.	1982		2:05
1	3 SE		4 RACE	1/1.	5. DATE (OF BIRTH	6 AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 H
1		female	white		MONTI 2	DAY YEAR	67	YRS	MONTHS DAYS	HOURS M
201	7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN C	F WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
550		arvland	USA		WIDOWE		Baltimor	e Count	tv	
Fied	10 C	ITY OR TOWN OF DEATH	11. NAME O	F HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	126. KIND O	F BUSINESS
6) /		ossville	Fran	klin So	. Hos	D.	Housewi			maker
st pe	∠USU 13a	AL RESIDENCE (IF NURSING HO STATE 136 C	ME OR OTHER INSTITUTION	IN GIVE RESIDENCE BEF		13d INSIDE CITY LIMITS?	4		1.000	
00			Baltimor						Lane 2	1220
nine -		ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN N		10000		
\$50		Henry	Most	Wilke		Mary	WIDDLE		Pabs	
0 /		VAS DECEASED EVER IN U.S	S. ARMED FORCES		CURITY NO.	17 INFORMANT	ADD	RESS		220
med		no (IF TE	ES, GIVE WAR OR DATES)		-7023	Herman Tr	emper. 10	100 B		
the		18 CAUSE OF DEATH (Ent	er only one couse p			T CZ MCII ZZ	ompor 10	100 10		MATE INTERVAL
vent		PART I. DEATH WAS CA	AUSEÓ BY. DIATE CAUSE (0)_			ary arrest			BETWEEN	MISET AND DEAT
fic e		5789 mm				ary arrest				-
D E	W	Conditions, if any, which	. /	OR AS A CONSEC		phalopathy,	COMB			
r tro		gove rise to immediate	e)			pila topa city.	Collia			
othe		underlying cause last	I DUE IO.	OR AS A CONSEQ		inal Dlandin				
, 0		PART 2 OTHER SIGNIFICA	NT CONDITIONS			inal Bleedin		NDITIONICIV	ENLINI DADT 1	
200	Z			20.11100.1110	<u>DETTIL</u> DOT	THE RELATED TO THE TER	WIII VAL DISEASE OR CO	NDITION GIV	EN IN PART III	
oux	CERTIFICATION	198 DATE OF OPERATION	19b CON	IDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	, WERE FINDIN	IGS USED
SMS	IF						YES NO X		YING CAUSES	OF DEATH?
8 8 8	ER .	210. ACCIDENT WAS UNDERLYIN		OF INJURY		21c HOW INJURY OCCU				NO []
E		OR CONTRIBUTING CAUSE C	or other	A.M. MONTH						
7	MEDICAL	21d. INJURY OCCURRED		P.M. E OF INJURY	19	211, LOCATION				
0	N.	WHILE NOT WHILE		STREET, FACTORY OFFICE	E, FARM, ETC)	STREET	CITY OR	OWN	COUNTY	STATE
mor		22a.l certify that (this h	national and a	the deserved for-	July	26. 19-82	to July	27	82	
2		sow the deceased aliv		27 19	22.3	d that in (our) apinion		-		that (we) I
E 5		obove, (we) (did) €	view the boo	dy ofter death.		DEGREE		dore ond noor		
±		ZIE SIGNATORE	Janis .	H / Mu	M. A	ATTENDING	MEDICAL ST	AFF /	22c. DATE	loale-
Ž		22d. PHYSICIAN'S NAME (1	and	v. Jour	10	PHYSICIAN	DIRECTOR PHYS	ICIAN 🛮	1//	21/06
KT /						22e ADDRESS				
MPORT			vid H. G			9000 Frank1		r., Ba	ltimore	, 212
		BURIAL, CREMATION, REMO				EMETERY OR CREMATORY	CITY OF TOWN		COUNTY	STATE
		Burial	7-3	0-82 G	arden	s of Faith	Overle	-04	8.0	19/
81	24 F	INERTAL DIRECTOR 7.	4. 711	Bea	inte	Q. 25a. D.	TE REC'D BY REGISTRA	Mene	ingletons!	URE
	0	COSMUCT	11 140	10000	0110	JU	7 9 1307		-	70

STATE OF MARYLAND

the state of the s BURNESS OF THE STATE OF THE STA TO STATE OF THE ST

requires that the death certificate

NO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

executed within 24 hours ofter deoth. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral directions, should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 haurt are since State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Nem 21 is marked or Nem 18 shows any injury, or other traumatic event, the medical

must be notified of once.

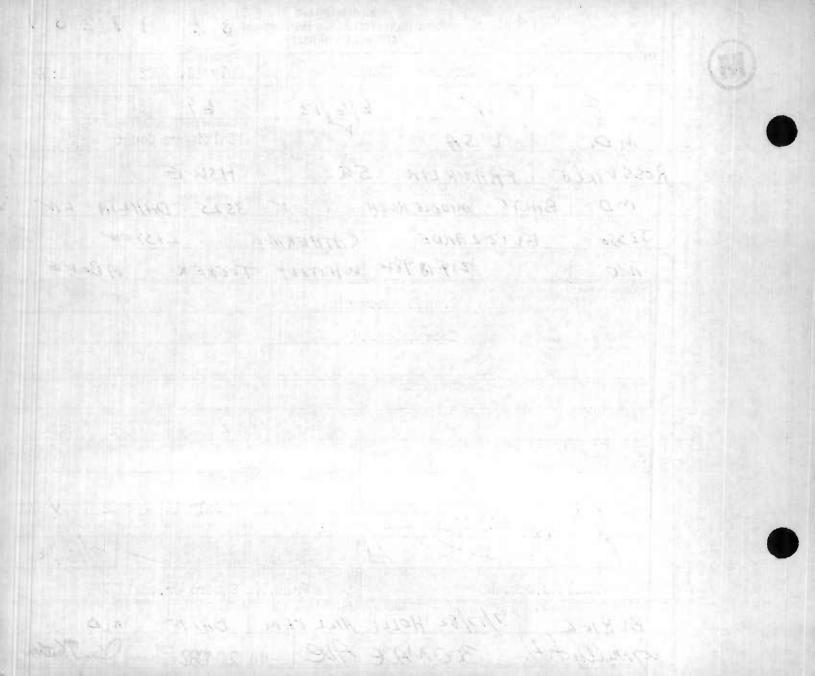
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 7 2 6

CERTIFICATE OF DEATH

	REGISTRAR			CERTIF	ICATE OF DEA	ın	REG. N	NO.		
	CEASED NAME OR PRINT)	Marie	Dorothy	TUCK	ER	Bil	July 13,	MONTH	DAY YEAR	26 HOUR 2:57 PM
3. SE)	F	4 RACE	1	S. DATE C	A	YEAR	S. AGE (IN YEARS LAST B	YRS.	IF UNDER I YEAR	IF UNDER 24 HRS
	RTHPLACE (STATE OR FO	L	OF WHAT COUNTRY?	MARRIE	D DIVOR	CED C	Baltimore City	re Cou		MD.
R	USS V/LC	F FR	OF HOSPITAL, NURSING SUCH FACILITY, GIVE STREET ANK LIM	(ADDRESS)	OR OTHER INSTITUT	ION	(TYPE OF WORK FOR MOST	TION OF PERKING LII		OF BUSINESS OR
13a S		136 COUNTY BALTO	13c. CITY OR TOV	VN	13d. INSIDE CITY L YES NO		36 STREET ADDRESS	DAH	LIA	LN
-	JESSE		ZARDE		CATHE	RINC	WIDDLE	L157	en las	Т
	VAS DECEASED EVER I	(IE YES, GIVE WAR OR DATE:		1860	WHITE	14	TVCKER		A Bo	VE
NO	Canditians, if ony, gave rise to imm couse (a), stating underlying couse	which (b)	, or as a consequ Enceph , or as a consequ	alopat ENCE OF		THE TERMIN	IAL DISEASE OR CON	NDITION GIV	EN IN PART 10	0
CERTIFICATION	19a DATE OF OPERAT	ION 196 CO	ndition for which	OPERATION	N WAS PERFORME	D	200 AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	
MEDICAL CE	saw the decease	AUSE OE DEATH AL EXAMINER) ED 21e. PLA (AI HOME this haspitol) ottendee	v 13 10	June 82, an	21f LOCATION STREET 5 , 15 d that in (ay) (our)	apinion de	CITY OR TO	OWN 13 date and hou	COUNTY	
	22d. PHYSICIAN'S NA Rona 1	ME (TYPE OR PRINT) d Block, M	D	, , ,	22e ADDRESS		n Square [1237	
23a B	URIAL, CREMATION, R SPECTOR	EMOVAL 236 DATE	17/82 H	PLLY	HILL C		23d. LOCATION STY OF TOWN BALT	D .	COUNTY A	STATE
6	omelly	+:+1.	300M	200	Ave	JII)	201982	Trance	RANS SIGNAT	Waither

DHMH-16 50M 1/B1 (VRA 15, 4)

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1	-	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

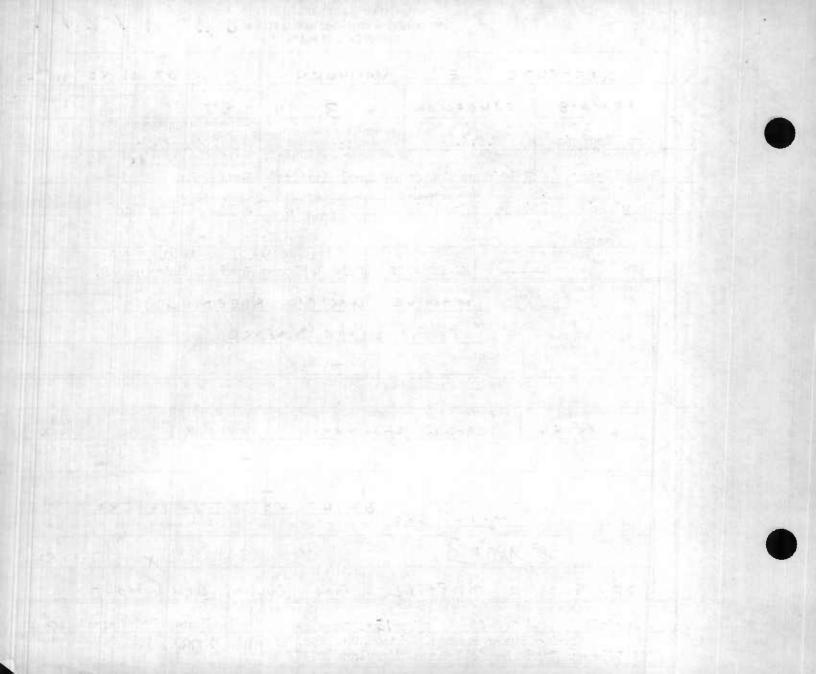
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				,

		REGISTRAR			CERTII	ICATE OF E	EAIN	RE	G. NO.				
		CEASED NAME FIRST	MI	DDIE		LAST		20. DATE OF DEA		DAY	YEAR	2b HOL	JR
	(1111)	GERTRU	DE	E.	VA	NHOR	N'		07	01	82	111	18 AM
ì	3. SEX	X	4 RACE		S. DATE C			6. AGE (IN YEARS L	AST BIRTHDAY)		NDER I YEAR	IF UNDER	R 24 HR5
		FEMALE	CANO	Acion	MONT		94	87	YF	S.	HS DAYS	HOURS	MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8 AAADDIE	D NEVER A	AAPPIED T	9 BALTIMORE C	ITY <u>OR</u> COU	NTY OF	DEATH	All	
2		est Virginia	U.S.		WIDOWE	Dan DI	VORCED		more C	ount	:y		MD.
1		ITY OR TOWN OF DEATH	(IF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET	DDRESS)			TYPE OF WORK FOR			NDUSTRY	FBUSIN	ESS OR
2		andallstown AL RESIDENCE (IF NURSING HOME OR	Baltimor	e County	Gene	eral Ho	spital	Home Ma	ker				
	13a S	STATE 136 COUN	JTY 1	3c. CITY OR TOWN		134 INSIDE C	ITY LIMITS?	13e STREET ADDR					
1	_		imore	Rockdale		YES 🗌	NO DO	3614 Be	Umore	Roa	d		
1	14 FA		MIDDLE	LAST			FIRST	ME	DLE		LAST	T	
_		Joseph	Haas						uecke	100			
		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	6b. SOCIAL SECUI		17 INFORMA		s. Dorot					
		No		MA-858-1	77	3614 Be	ellmore	Road B	altimo	re,			
Н		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per li	ne for (a), (b), onc	(c).)	2 (Bib)					APPROXIP BETWEEN C	MATE INTE	RVAL DEATH
			E CAUSE (o)	MASSIV	15	CHAST	RIC 1	BLEEDI	NG-				
		5369	DUE TO, OR	AS A_CONSEQUE	NCE OF								The second
	15	Conditions, if ony, which	((b)	PEPTIC	2 4	LCER	DISEI	ASE					
		gove rise to immediate couse (a), stating the	DUE TO, OR	AS A CONSEQUE	NCE OF								
		underlying cause lost.	(c)			-							
	~	PART 2 OTHER SIGNIFICANT O	ONDITIONS COM	TRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITION	GIVENI	N PART 110	,	
	10												
	CERTIFICATION	190. DATE OF OPERATION	196. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY		YES, WE	ERE FINDING CAUSES	GS USE	D D
4	RTIF	6-15-84			A 602	men.		YES NO		YES [NO [
7		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF HOUR A.M	INJURY MONTH DA	Y YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE C	OF INJURY IN ITEM	18. PART I	ORPART 2)	. v. 10	
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER			19			-					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF	F INJURY	RM ETC)	211 LOCATIO	N	CITY	ORTOWN		COUNTY		TATE
	<	AT WORK AT WORK											
		220.1 certify that (I) (this hospitissow the deceased alive on	tol) ottended the	deceased from	- 6)-14	1982		-)-	_, 19_	82	that (I) (we) lost
		sow the deceosed olive on obove, (I) (we) (did) (did no) view the body of	fter deoth.	2 , 01	nd that in (my)	(our) opinion d	deoth occurred on	the dote and	hour and	d from the c	couses sto	oted
		22b. SIGNATURE	000	1		DEGREE					22c. DATE S	SIGNED	
		1	NOT	M			TTENDING PHYSICIAN [MEDICAL DIRECTOR PI	STAFF HYSICIAN		7-	1-8	2_
1		22d. PHYSICIAN'S NAME (TYPE O	PRINT)			22e ADDRES	S					CETT	
		DR. SUDH	IR D	, PATE	2	Bal	· Cou	ening 6	en.	HO	4p.		
		URIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR C	REMATORY	23d. LOCATION			t		
		Burial	7-3-82	Wo	odlow	n Cemet	eru	Woodle	awn Be	altü	mare l	Many	land
	24 FU	NAME LOTING	Byers F	uneral D	irect	ors, Ir	2. 250. DATE	REC'D. BY REGIS	BAP 75H REC	SISTRAR	SIGNATI	JRY HE	1/400
	8:	728 Liberty Roa	d Randa	llstown,	Mary	land 2:	1133	JUL 4 R	504 6 M	has brown?	23		

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then plea: with the State Dept. of Health and Mental Hygiene prior to burial,

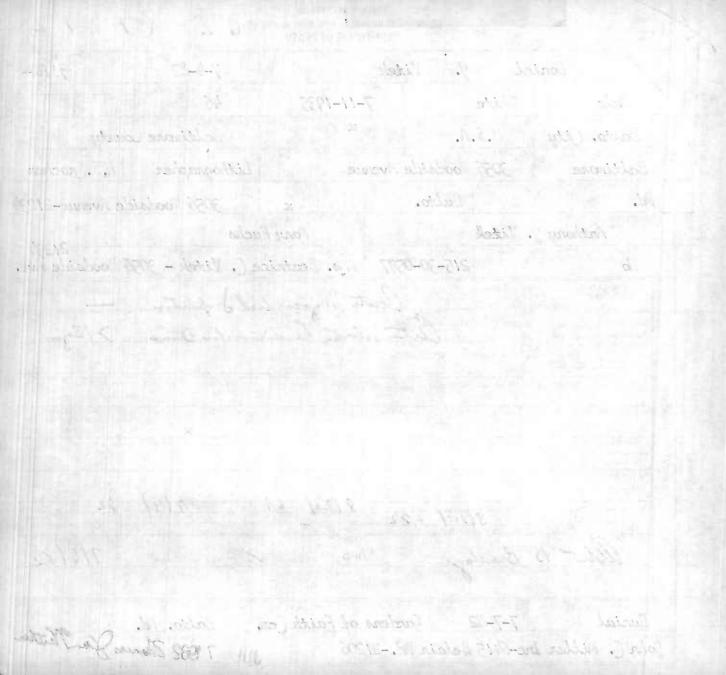
IMPORTANT: If Item 21 is morked or Item, 18 sho



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DHMH - 16 50M I/BT (VRA 15, 4)

-	FOR	DEPA		E OF MARYLAND IEALTH AND MENTAL HY	GIENE Q		19	7 2
1.	STATE REGISTRAR			FICATE OF DEATH	REG. NO	D.	fee	Gran
1. DEC	CEASED NAME FIRST OR PRINT) Dani	iel J.	Vitek	AST	20. DATE OF DEATH 7-4-82	MONTH DA	AY YEAR	9:NA
3 SE)	Male	4 RACE White	5. DATE (7-11-1935 YEAR	6. AGE (IN YEARS LAST BIR	YRS	FUNDER 1 YEAR	IF UNDER 24 HRS
	Balto. City	U.S.A.	WIDOWI		Baltim			WE
	Baltimore		de Aver		12th USUAL OCCUPATION OF THE CONTRACT OF THE C	F WORKING LIFE		business or rocker
13a. S	136 COUR	R OTHER INSTITUTION GIVE RESIDENCE BE NTY 13. BITY OF TO		13d. INSIDE CITY LIMITS? YES \(\text{NO } \mathbb{\mathbb{R}\)	13e STREET ADDRESS	bodsia	le Avenu	ле - 2123
4 FA	THER'S NAME FIRST Anthony	7. Vitek LAST		IS MOTHER'S MAIDEN N			LAST	2100/
	(IF YES, GIV	RMED FORCES? 166 SOCIAL SI VE WAR OR DATES) 2/5-30		M.s. Beatri	ce (. Vitek		Woods	21234 ide Ave
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WH	IO DEATH BUT		200 AUTOPSY?	20b IF YES,	WERE FINDING ING CAUSES C	OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21¢ HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUR	YES		NO 🗌
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. ZIO PLACE OF INJURY (AT HOME STREET FACTORY OFFI	CE FARM ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	sow the deceased alive on	ot) view the body ofter death	\$2.0	nd that in (my) (pur) opinion	, to, to	te and hour	and from the co	
	Why B	Brasiley		2. A ATTENDING	DIRECTOR PHYSIC	F IAN	7/6	182
	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS				



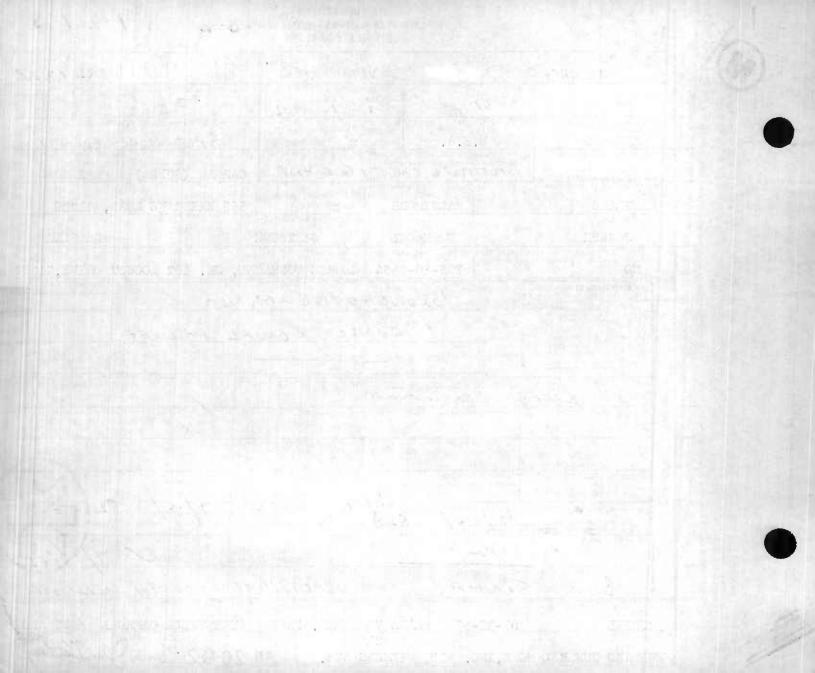
FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR			CENTIL	ICAIL OIL	LAIN	REG. NO).		
П	I. DE	CEASED NAME FIRST		MIDDLE		LAST	SR.	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
H	(TIPE	GEORGI	E		V	ONHAC	JEL		7	18 1982	10:25PM
	3 SE	X	4 RACE		5. DATE (YEAR	6. AGE IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS
	1	M	W		1	14	1902	80	YRS	MONTHS DATA	MIN.
1	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER	AARRIED T	BALTIMORE CITY OF	COUNT	Y OF DEATH	
		MARYLAND		S.A.	WIDOWI	DX DI	VORCED [13 ALT	10701	RE COU	ENTY MD.
1	40. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN				12a USUAL OCCUPATION			F BUSINESS OR
-	-	ANDALLSTOWN		MORE CO		y GEN.	HOSP.	CARMAN (SI			LROAD
0	13a S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION. NTY	13c. CITY OR TOW		13d INSIDE C	ITY LIMITS?	13e STREET ADDRESS			
		MARYLAND		BALTIMO	RE	YES 🔀	NO 🗌	563 BRISBA	ANE R	OAD, 21	229
-	14. FA	ATHER'S NAME	MIDDLE	LAST			FIRST	MIDDLE		LAS	
-	14 14	JOSEPH		VONHAG			ERTRUDE			KEE	SLER
7			VE WAR OR DATES)	166 SOCIAL SECU		17. INFORMA		ADDRE		WAE DD T	
1		NO		705-10-		GEORGE	VONHAC	EL, JR. 102	2 LOC		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	nly one couse per ED BY:	line for 12 (b), one	nie A	to PN	EUM	PONITA		BETWEEN	MATE INTERVAL DNSET AND DEATH
		5850 IMMEDIA	TE CAUSE (0)		-						
		Conditions 16 and 14 h	DUE TO, OI	R AS A CONSEQUE	SE OF	VIC.	REA	IAL FAIG	1110	5	
		Conditions, if ony, which gove rise to immediate	(6)—	Cir	,,,,,		10 610	MC FIII	ure		
		couse (a), stating the underlying couse lost.	DUE TO, OI	R AS A CONSEQUE	NCE OF						
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR COND	ITION GI	VEN IN PART 1/2	
	O	Lus	ng C	ancino	me						
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		S, WERE FINDIN	
5	TIFF							YES NO		FYING CAUSES	NO [
1		210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	21b. TIME O		YEAR	21c. HOW IN	JURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)	
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	AIR		19						
	MEDICAL	21d INJURY OCCURRED	21e. PLACE (OF INJURY	ARM, ETC.)	21f LOCATIO	N	CITY OR TOV	VN	COUNTY	STATE
	•	AT WORK AT WORK						1	-/	- Cl	4.754
		220.1 certify that (this hosp sow the deceased alive or		e deceased from_	07/	4/	19 8 4	=, to	5/	19.02	that 🏗 (we) lost
		abave, (1) (1) (did) (did)	view the body	ofter death.			(our) opinion a	eath accurred on the do	re and hou		
		220. SIGNATURE	11sh	- he		DEGREE	TTENDING _	MEDICAL STAF	F	220 DATE	SIGNED
-		22d. PHYSICIAN'S NAME (TYPE)	OR PRINT)			220 ADDRES	PHYSICIAN [DIRECTOR PHYSIC	AN C	1//	8/82
		RK	SINI	+0				RE COU	17.	(Contract	21.00
	23n B	BURIAL, CREMATION, REMOVAL			LAME OF C	EMETERY OR		123d LOCATION	7	9000	17031.
	(SPECIFY)						CITY OR TOWN	E CAR	COUNTY	STATE A DOZE
		BURIAL JNERAL DIRECTOR	07-22	-02 LA		EW MEM, .229		REC'D. BY REGISTRAR			ARYLAND
	н	UBBARD FUNERAL	HOME THE	ADDRESS			1 10-1	1 20 1092	A	(Can	Karthen
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DHMH - 16 50M 1/81 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN DE MONTH (TYPE OR PRINT) OF ESTI-Wilson DEATH MATED Henry Waggoner 4. RACE & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED April 4, DEAD White 1901 Male 81 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUN MARRIED AT NEVER MARRIED Maruland U.S.A. WIDOWED [DIVORCED Baltimore County O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12g. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Baltimore County General Hospital Owner Service Station Randallstown SHOULD BE 13a STATE 13d. INSIDE (IIY LIMITS? 13e STREET ADDRESS 5728 Old Court Road 13b. COUNTY Baltimore Baltimore Maruland OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST MIDDLE Eleanor May Bitzer Harru Ernest Waagoner 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANTMrs. Genevieve Waggoner 16b. SOCIAL SECURITY NO. DIVISION 5728 Old Court Rd. Baltimore. MD. 216-10-3974 A 18. CAUSE OF DEATH (Enter only one cause per line fat (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Candisverculer Dinesco IMMEDIATE CAUSE MENTAL HYGIEN N. OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A E CERTIFICATION USED 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL YES [] NO [3 SHOULD BE DEPARTMENT 71a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION AT WORK AT WOR STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held on MARYLAND Autopsy Inspection TO MEDICAL EXAMINI
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE F
TO FUNERAL DIRECT
AFTER DEATH, WITH THE
BALTIMORE, MARYLAN Natural causes death resulted from: Suicide Homicide Undetermined monner TITLE (SPECIFY) DATE SIGNED EXAMINER'S NAME FERRERO ADDRESS SSSO BOLG CONRADO (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE Burial Woodlawn Cemetery Woodlawn Baltimore MD. BP. Loring BYerson Funeral Directors, Inc. DATE REC'D. BY REGISTRAR 256 BY STRAR 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Liberty Road Randallstown, MD. 15M 2/80

Asterbulent, and woold Donad ERENTAL MA ALLESSE CONTRACTOR OFFICE

20M 4/82

STATE OF MARYLAND

Fig. 11 The Control of the Control o

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page

or offending physician

etained by the hospital TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, at other traumatic event, the

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	STATE	OF	MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR - STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MEN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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OR ATTENDING PHYSICIAN: The

